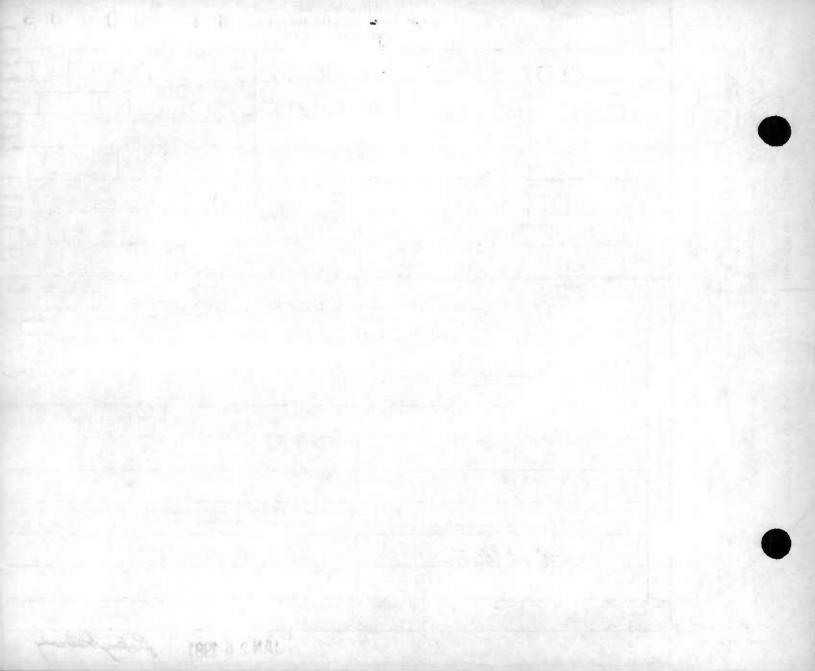
X	1-	STATE REGISTRAR		ME			ERTIFICATE O		REG. NO	0	1 0	4
# # # # # # # # # # # # # # # # # # #		CEASED NAME PE OR PRINT)	James	Нел	nry	A	bend	OF	KNOWN ESTI- MATED	-	DAY YEAR 6 1981	2b. HOUR
PARTIE OF THE PARTY OF THE PART	3. SE		white Se	ATE OF BIRTH		MONTH	DER 1 YR. IF UNDER		NCED	1 .	6 19 81	2d HOUR pm 4:35
NECESSA FUNERAL S. FOR Y S. WITHIN W. PRESHIP		OREIGN (STATE OR		CITIZEN OF WH USI	A	WIDOW		An An	ne Aru	ndel	County	PM MD.
., BALTIMORE, MD. 21201 IRS AFTER DEATH. IF ANY DELAY IS B. GIVE PAGES 1, 2, AND 3 TO THE I WITH FORM PM 3. RETAIN PAGE I. PAGES 1 AND 2. SHOULD BE FILED DIVISION OF WITAL RECORDS, 2011	+	Glen Burn	ie	At Nort	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS h Arundel	Hospi		FOR MOST OF WOR	RKING LIFE)	of work 1	or industr Self	emp.
F ANY D AND 3 SHOULD L RECORD	5 13a. :	MD	13b. COUNTY	PER INSTITUTION, GIV	13c. CITY OR TOWN, Crownsvi				rals	High	way	
DEATH. II	10	ATHER'S NAME Adolph		DDLE	Abend		15. MOTHER'S MAIDE FIRST Louis	Se /	AIDDLE		miåt	1/1
BALTIMORE. S AFTER DEA GIVE PAGES TITH FORM P PAGES I AN IVISION OF A	160.	WAS DECEASED EVER YES, NO. OR UNKNOWN) NO	(IF YES, GIVE WAR O	OR DATES)	21 6/1 4/3		Mrs. Bar	rbara M				
201 W. PRESTON ST UTED WITHIN 24 HOL IN PENCIL IN ITEM 11 EXAMINER ALONG ALL - RRAUST PERMIL OMENTAL HYGIENE ON, OR REMOVAL.	7	Canditions, if gave rise to couse (a) statin lying cause last	VAS CAUSED BY: IMMEDIATE CA any, which immediate g the under-	AUSE (a) M ODUE TO, OR A ODUE TO, OR A ODUE TO, OR A	for (a), (b), and (c).) **Ultiple in AS A CONSEQUENCE** AS A CONSEQUENCE**	OF OF					APPROXIMATE BETWEEN ONSET	AND DEATH
OF VITAL RECORDS, 201 ATE SHOULD BE EXECUTE FEWORD "PENDING" IN FITHE CHIE KABICAL EXA ILD BE USED AS A BURIAL MENT OF HEALTH AND MI	CERTIFICATION	PART 2 OTHER SIGNIFICA			OUT NOT RELATED TO THE TER		OR CONDITION GIVEN IN PAR AS PERFORMED?	T 1 (a).			20 AUTOPSY?	мо 🗆
DIVISION OF VITAL REG MER: THIS CERTIFICATE SHOULD IS CATE, WRITING THE WORD "PEN FORWARDED TO THE CHIEF M THE STATE DEPARTMENT OF HEA THE STATE DEPARTMENT OF HEA NND, 21201 PRIOR TO BURIAL, C.	MEDICAL CER	210 EXTERNAL CAL UNDERLYING CONTRIBUTING 210 INJURY OCCUP WHILE AT WORK	OR CAUSE OF DEAT RED	HB:30 P.M.	MONTH DAY YEAR 1/6 198	l dri	iver in aut ATION REET 178/Rt 32,0	co/auto c	ollisio		2)	STATE
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, POPE 4 SHOULD BE FORW TO FUND BE THE STER DEATH, WITH THE STER DEATH THE STER DE	2	220. I certify that death resulted from ACTUAL SIGNATURE			ribed abave, held an	Autaps uicide	Hamicide TITLE (SPECIFY)	Undetermined m	anner,	in my apir		31
O MEDIC. XECUTE TI AGE 4 SI- O FUNER.	2	EXAMINER'S NAME (TYPE OR PRINT)			Guard,M.D.		ADDRESS	enn Stre				
BP	24. F	Burial, CREMATION, Burial UNERAL DIRECTOR	De 10	Jan 8		laven	Mem. PK	GIEN I	in had not believed to			AD .
DHMH - 17 (VR A15 ME (5)) 15M 2/80	SI	NGLETON	FUNERA	L HÖME	GLEN B	URNI	E,MD JAN		hispa	my fre	Ready.	

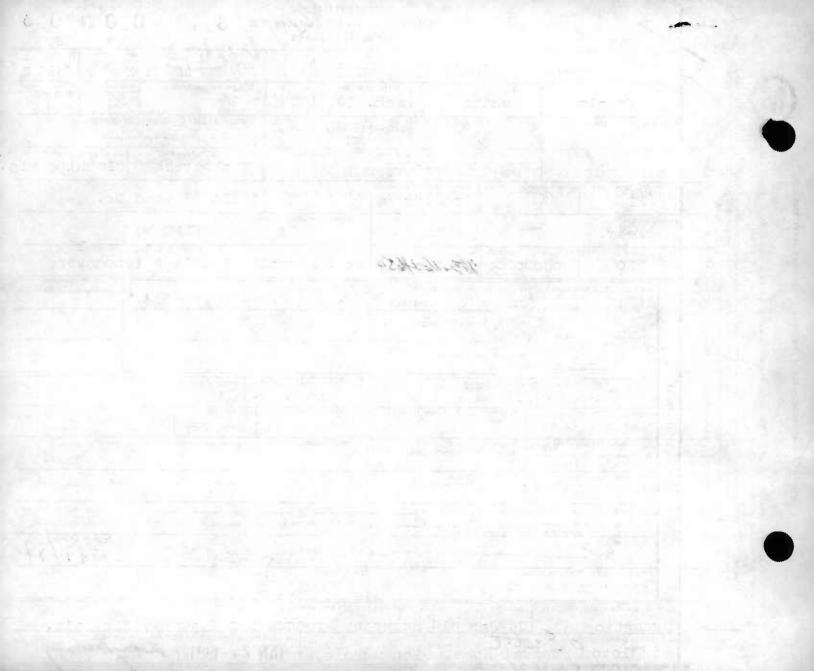
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5	1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO	001	US
poge 3		CEASED NAME BETT	A RACE	MIOOLE	A be	and schein		1-24-81	2b. HOUR 3 4 A
And I	3 36	F	W		MONTH	- 21- 25	55	MONTHS DAY	
MI		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	1	x NEVER MARRIED		R COUNTY OF DEATH	
with with	10 C	Albamarle N.C.	11. NAME OF		G HOME C	D DIVORCED DIVORCED DIVORCED	Anne Arus 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 12b. KIND	OF BUSINESS OR
e filed	ÜSÜ	Annapolis AL RESIDENCE (IF NURSING HOME OF		Arundel (al Hosp.	housewife		
filled bould b	136	Md. A.A	VIY	13c CITY OR TOW Edgewa	N	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	antico Rd.	
ond 2 sh	14 F/	-	WIDDLE	Cudence		15 MOTHER'S MAIDENNA/ FIRST Dealie	WE		Byrd
8 8 1	160 \	Irving VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (15 YES, GIV)	MED FORCES? E WAR OR DATES)	Gudger 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	:SS	Dyru
S. Poge		no		245-22-16	6 1 8	Chester B.	Abendschier	n same as 1	3e.
Then please remover to buriol, cremoving injury, or other t	NOI	gove rise to immediate cause 10), stating the underlying couse lost PART 2, OTHER SIGNIFICANT ((c)	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	l(a)
te has been sit permit. I sit permit. I shows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
buriol-fronsit per Mental Hygiene or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	ATH HOUR A	DF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
se os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
for use of Healt		22a. I certify that (I) (this hosp sow the deceased alive on above, (I) (we) (did) (did no		19		d that in (my) (our) opinion o	, to death occurred on the do		, that (I) (we) last he causes stated
NERAL DIRECTOR DESCRIPTION OF State Dept. TANT: If Item		THE SIGNATURE COLLEGE	etiteu	iste		DEGREE ATTENDING PHYSICIAN 1228 ADDRESS	MEDICAL STAF	F _	te signed
to FUNERAL should be det with the State									
	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 1/26/8			EMETERY OR CREMATORY Ship Methodis	23d. LOCATION CITY OR TOWN	COUNTY	STATE
16 50M 1/76 A 15 (4))		UNERAL DIRECTOR		ADDRESS		250. DATI	E REC'D. BY REGISTRAR	25b. REODSTRAR'S SIGN	Bredy
- (-/ /	Ha	ardesty Funeral	Home 12	2 Ridgely	ANo.	Ann. Md	3 9 1301	. /	



Singleton

(VRA 15, 4) 1/79



(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I DECEASED NAME FIRST 2a. DATE OF DEATH MONTH YEAR IF UNDER 1 YEAR MONTHS DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR TYPHOF WORK FOR MOST OF WORKING LIFE INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death occurred on the date and hour and fram the causes stated 22r. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 21061 GLEN BURNIE, MARYLAND 250. DATE REC'D. BY REGISTRAR DHMH-16 30M 2/80 1981

F. 1881 _ S.D.	JAKUMY 2	2170		PAL.	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).		
	. DECEASED NAME FIRST	WIDDLE	LAS	ST ,	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1	MARTHA	HA	BALD	WIN /		1.	20,1981	8:07 M
3	. SEX	RACE	S. DATE OF		6 AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female 2	White	MONTH 9	15 1892 -	88	YRS		HOURS MIN.
7	a BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUN.	TY OF DEATH	
	Maryland	U.S.A.	WIDOWED		ANNE	ARI	udel	MD.
T	0. CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACHTY, GIVE STREET)	NG HOME OF	OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF			F BUSINESS OR
1	CROWNSVIlle	Fair field	Nurs	sing (enter	Seamstre		Gri	Et's
1	JSUAL RESIDENCE IF NURSING HOME OR OT 130. STATE 135. COUNTY			134 INSIDE CITY LIMITS?	13e STRFFT ADDRESS		Linthio	cum, Md.
	MARYLAND A.A.		um	YES NO 🕱	806 W. Nur	sery	Road	21090
1	4 FATHER'S NAME	DDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	
*	Andrew	Wawizy	niak	Margaret				Ciezniak
T	60 WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRE	SS L	inthicur	
1	(YES, NO OR UNKNOWN) (IF YES, GIVE W	218-36-	6576	Ethel E. Gla	eser 806 W.	Nur	sery Roa	ad 21090
	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	1 66	& hulfine L	Jung Di Es	od,	e Uu,	Lucray
	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	OITION G	IVEN IN PART 1	a t
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY? YES NO W	IN CERT	ES, WERE FINDING CAUSES	
		216. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	3, PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE,	FARM, ETC.)	ZII LOCATION	CITY OR TOW	7	COUNTY	STATE
	220.1 certify that (this haspital sow the deceased alive an obove, (1) (une) (did) (did not).	1/20 19	8/ 000	10 A opinion o	death occurred on the do	ond h		thown (we) lost causes stoted
	27b. SIGNATURE	alunear	2		MEDICAL STAF DIRECTOR PHYSIC	F IAN []	12. DATE	SIGNED SIGNED
1	22d. PHYSICIAN'S NAME (TYPE OR P	RINT	1	ZZE ADDINESS	1	1	1-	1/1

IMPORTANT: If Item 21 is marked ar Item 18 shaws any 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1

1/23/81

23b. DATE

23C NAME OF CEMETERY OR CREMATORY 0aklawn

23d LOCATION CITY OR TOWN East Point

COUNTY

STATE Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

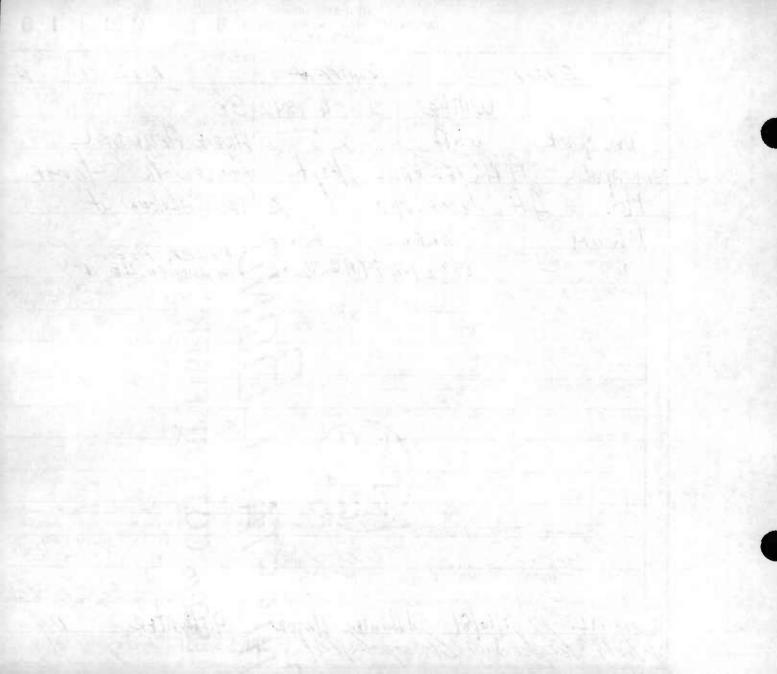
Funeral Home, Inc. 4107 Wilkens BY REGISTRAR 256 PEGISTRAR SHIGH ATURE 24 FUNERAL DIRECTOR
Hubbard Fun

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(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		Item 5,6 G 5	53 3/12/81			OF MARYLAND	O 1	0.0	
1	1	- STATE REGISTRAR		DEPAKIM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	UU	1 1 1
7		CEASED NAME FIR	ST	MIDDLE	- 1	AST	20. DATE OF DEATH MONTH	- PAY TEAR	26. HQUR
e A	[118	W.	ALTER_	W.	BE	411	1-	11-81	53
OE COMPANY	3 SE	X	4 RACE		5. DATE C	F BIRTH 1918	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
98	c	Male	Whit	e	Janu	-/	- 59 62 4	RS. MONTHS UK	s modes mm
		RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH	
deoth.		aryland	U.S.A		WIDOWE	D DIVORCED	Anne Arundel	County	MD.
the find with	10. ⊂	ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSING	G HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND	OF BUSINESS OR
2 2 A B S		nnapolis	Anne A	rundel Co	unty	Hospital .	Foreman		emical Co.
1 hour ded in debe	130.	AL RESIDENCE (IF NURSING H	OME OF OTHER INSTITUTION COUNTY	136. CITY OR TOWN	ADMISSION]	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
AND 24 h in 24 h hould be hould be hould be hould be a second and a se			nne Arunde	1 Arnold		YES NO	815 MacSherr	y Drive	
within within da 2 short	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST
X P E O ZZ		Walter	W.	Beall		Sarah		Owens	
MORE n ond or Poges		VAS DECEASED EVER IN U	.S. ARMED FORCES? (ES, GIVE WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT	ADDRESS		[yattsville
		No	None	224-28-09	903	Myrtle Beall	5805 42nd Ave		Maryland
ficate by physicio physicio popers mayol.		18 CAUSE OF DEATH (En	nter anly ane couse pe	r line far (a), (b), and	(C)	1		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
S t boos s			EDIATE CAUSE (0)	LUNG	9	CANCE	R	w	188165
2 0 0 d		1627	DUE TO, C	R AS A CONSEQUEN	NCE OF				
dee dee afformation									
W. Pu		couse (0), stating t	he DUE TO C	R AS A CONSEQUEN	VCE OF			100	
0 - 0000			(c)						
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lost, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF UNDER TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a AUTOPSY? YES NO YES NO YES NO YES NO DEATH AND INDERLYING TO AUTOPSY? 21b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEATH AND INDERLYING TO AUTOPSY? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	1(a)							
0 2 9 - 0 >	ATIC	190 DATE OF OPERATION	196 COND	OITION FOR WHICH C	OPERATION	WAS PERFORMED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO URY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)		
the son.	F								
DF VITA Dhysicia physicia pl-tronsity tol Hygin m 18 sh	CER					21c. HOW INJURY OCCURR			
ON OF Y	AL	OR CONTRIBUTING CAUSE	0.00	.M. MONTH DAY	Y YEAR				
SION OF PHYSIC ending this cer he buried Men of or the	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION			
DIVISIO DING PHY or ottendd After this se os the booth ond M morked or	¥	WHILE NOT WHILE [] [AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC.]	SIREE	CITY OR TOWN	COUNTY	STATE
O O O E	M	22a.1 certify that (1) (this	hospital) attended th	ne deceased from	3-	15 ,19 80)_, to_/-//	, 19 8 /	, that (I) we last
2 f f o f o f o f o f o		sow the deceased of above, (1) we (did) (did not) view the hads	alter death	9 /, on	d that in (our) opinion o	deoth occurred on the date onc		
8 E 8 5 0 0		226. SIONATURE	1			DEGREE		22c. DA	TE SIGNED
1 - 1 - 0 -		Konste	Mer	1 1	NO	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-	12-81
Se E P		224. PHYSICIAN'S NAME				22e. ADDRESS	TEMETHER		
TO HOSPITAL retoined by t TO FUNERAL should be de; with the Stotk	13	KONALD	PILIC	2.11		Anne Arundel	County Hospit	al Annar	olis. Md.
5 € 5 € 3 ₹ 3 ₹ 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×	23a. ļ	SURIAL, CREMATION, REM	OVAL 23b. DATE	23c N	AME OF C	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Burial	Jan/15	/81 Ft	. Lin	coln Cemetery	Brentwood, P	000	Maryland
DHMH - 16 50M 7/77	24. F	JNERAL DIRECTOR		ADDRESS	49)	25q. 313	VET DEN REGIS RAR 256. RE	GISTRARSSIGN	ATURE
(VR A 15 (4))	Ch	ambers Funer	al Home R	liverdale,	Mary	land_			

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١,	REGISTRAR			CERTIF	ICATE OF DEATH	REG I	VO		EDT
		Т	WIDDLE		AST		MONTH	DAY YEAR	26. HOUR
		EI	IZABETH	E	BEATTY	JANUARY	14. 1	1981	8:10A M
3. SE	х	1. RACE		5. DATE C	OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Whit	e	May	12 1894	86	YRS.	MONIHS DATS	HOURS MIN.
h. B		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE		9 BALTIMORE CITY		Y OF DEATH	
Re		U.S.A	•	17.1	of the same of the	ANNE AR	UNDET.	COUNTY	MD
10.0	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	12b. KIND O	F BUSINESS OR
	GLEN BURNIE				PITAL	Cook	OL MORKING F		urant
					1124 INISIDE CITY LIMITS2	120 STREET ADDRESS	271		
	Md.	A.A	Linthicu	m.	YES NO X	820 Oreg	on Ave	е.	
14. F		HIDDIE	100			ME		- 1	
	Lawrence	MIDDLE	Beatt	У				LAS	
			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS A7	rnold. M	d 2101
	no	S, GIVE WAR OR DATES)	218 09 3	832	Catherine Qu	inlan 750	Match	Point I	m.
	18 CAUSE OF DEATH (Ent	er only one couse pe	r line for (a), (b), and	d (c), i	V				MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS C.	AUSED BY:		7	Decain la	as Lailu	-	ac incess	ANGE! AND DEATH
	11910			h	e of makes	10			-
	Conditions if any which		OR AS A CONSEQUE	NCE OF	COPD.	1541)	,		
	gove rise to immediate	e)			Madalalad	's coild	21 1-1		
		I DUE IU. C	OR AS A CONSEQUE	NCE OF	7.67200			1000	
	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	VDITION GI	VEN IN PART 1/e	
Z						THE DISEASE ON CO.		v Er v v v v v v v v v v v v v v v v v v	
AT	198. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			
F						YES TO NOT			OF DEATH?
W.	210. ACCIDENT WAS UNDERLYIN	G 216. TIME C	OF INJURY		21c. HOW INJURY OCCUR				
		A DEATH							
S	21d. INJURY OCCURRED			19	211 LOCATION				
M	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
		accountal) attended the	he decented from	1 -	10 8/	. / -	14	10 8 1	that (I) (we) lost
	sow the deceased aliv	eon /- /:	19 8	01	nd that in (my) (our) opinion	death accurred on the	date and ha		
	obove, (I) (we) (did) (d	d not) view the body	ofter death.						
	THE STOTATORE	11/1	2		ATTENDING			IR. DATE	SIGNED
1	224 DUVE ICIANI'S NIAME		eu	m	122- ADDRESS				
					529	S. CAMP ME	ADE RO	AD	
							LAND	21090	
230.	(SPECIEV)					23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	1/17/	81 Ce			Brookl		Atto	Md
	NAME		ADDRESS			N C BY REGISTRA	R. 25b.	May 19 to	Prevaley
Ge	orge J. Gonce	4001 Rit	chie Hgwy	. Bal	to Md.	1 1 0 1301		/	/
	3. SE RCAI CERTIFICATION 14. F. 160 V 174. F.	REGISTRAR I. DECEASED NAME (TYPE OR PRINT) JULIA 3. SEX Female II. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ROMANIA II. CITY OR TOWN OF DEATH GLEN BURNIE JULIA III. CITY OR TOWN OF DEATH GLEN BURNIE JULIA III. CALLED III. U.S. III. CALLED BURNIE JULIA III. CALLED III. U.S. III. CALLED BURNIE JULIA III. CALLED III. U.S. III. CAL	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) JULIA 3. SEX Female Whit II. BIRTHPLACE (STATE OR FOREIGN OUNTRY) ROMANIA 10. CITY OR TOWN OF DEATH JUSA 10. CITY OR TOWN OF DEATH JUSA 11. NAME OF OPEN OF DEATH JUSA 12. COUNTRY Md 14. FATHER'S NAME FIRST LAWYENCE 13b. COUNTY Md 14. FATHER'S NAME FIRST LAWYENCE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF VES, MO OR UNKNOWN) 170 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) DUE TO, CO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING COUSE (O), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING COUSE (O), stating the underlying couse lost. 190. DATE OF OPERATION 190. DATE OF OPERATION 19b. CONDITIONS COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUSE (AT MORK) 210. ROTHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE CAUSE (O) WHILE NOT WHILE CAUSE (O) 210. SIGNATURE 220. Certify that (I) (this hospital) ottended the sow the deceased olive on Countribution Countr	REGISTRAR 1. DECEASED NAME FRST MIDDLE JULIA ELIZABET M 3. SEX 4. RACE White 1. BIRTHPLACE (STATE OR FOREION COUNTRY) ROMANIA 10. CITY OR TOWN OF DEATH JUSAA. 10. CITY OR TOWN OF DEATH JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE 130. STATE JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE 130. STATE JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE 130. 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JANU	REGISTRAR LIPECARSED NAME (1881) JULIA ELIZABET H BEATTY JANUARY 14, 1981 JANUARY 14, 1981 JANUARY 14, 1981 JANUARY 12 1894 BERNPLACE (STATE OF FORCH MONTH) REGISTRAR A DATE OF PEARLY JANUARY 14, 1981 JANUARY 1894 BERNPLACE (STATE OF FORCH MONTH) ROOMED DATE OF BRITH JANUARY 12, 1894 BALTIMORE CITY DR COUNTY OF DEATH ROOMED DATE OF BRITH JANUARY 12, 1894 MARRIED DATE OF BRITH NAME ARRINDEL COUNTY ROOMED DATE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (PROJ EXSERTED COUNTY OF BEATH ROOMED DATE OF BRITH JANUARY 14, 1981 JANUARY 16, 1981 JANUARY 14, 1981 JANUARY 16, 1981 JANUARY 14, 1981 JANUARY 14, 1981 JANUARY 16, 1981 JANUARY 18, 1981 JANUARY 16, 1981 JANUARY 16, 1981 JANUARY 18, 1981 JANUARY 16, 1981 JANUARY 16, 1981 JANUARY 16, 1981 JANUARY 18, 1981

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 0	0 3 E.S.T.
		CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 2h HOUR
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2	C	RTHPLACE (STATE OR FOREIGN COUNTRY) zechoslovakia	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL C	
1 59		LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
hould be	130 M	anyland Anne	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Arundes GLEN Bu	N 13d. INSIDE CITY LIMITS? Thie YES NOXX	130 STREET ADDRESS 7513 Solley Road	
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s. Pages		VAS DECEASED EVER IN U.S. AR YES, 1008 UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES) 213-05-50		Soustek 7513 Soll	ey Road 21061
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en pleose I burial, cr ury, or oth	7	42/ 11	(c)	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(b)
ws any injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
iol-transit ntol Hygie em 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	YES NO YES	
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for use of Health		22a I certify that (I) (this haspit saw the decresed alive on above/(I) (we) (did) (did no	tol attended the deceased from	and that in (my (laur) opinion	deoth occurred on the date and hour	9, that (I) we) lost and from the causes stated
detached detached tote Dept. NT: If Item		22h SIGNAFURE	Lavare		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
should be a with the Sto		DAVID A. SCHW	ARTZ, D.O.	GLEN	OAKWOOD ROAD, SUIT	
- v s <u><</u>		URIAL, CREMATION, REMOVAL SPECIFY DUNIAL	1/17/81 GLE	en Haven Mem. Pank	Glen Bünnie Ann	é Mrundel Md.
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DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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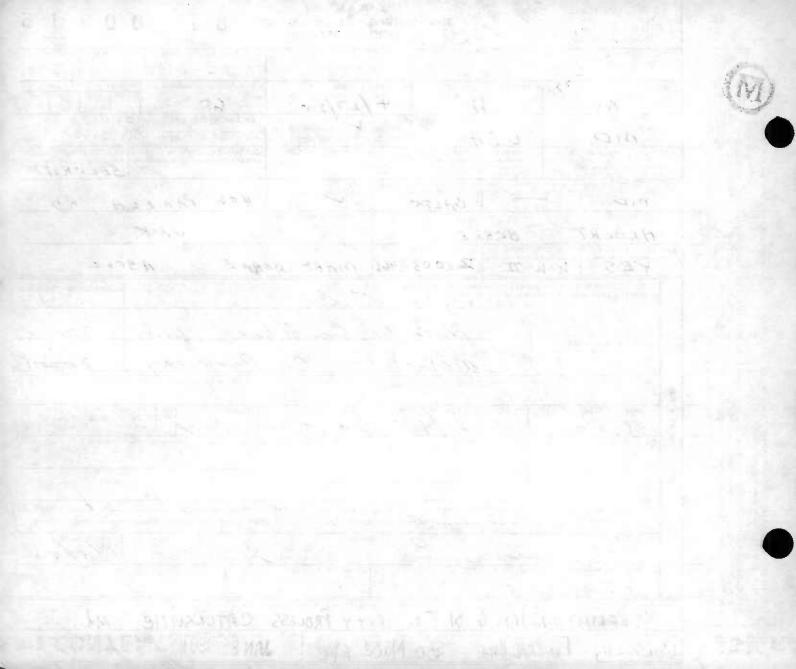
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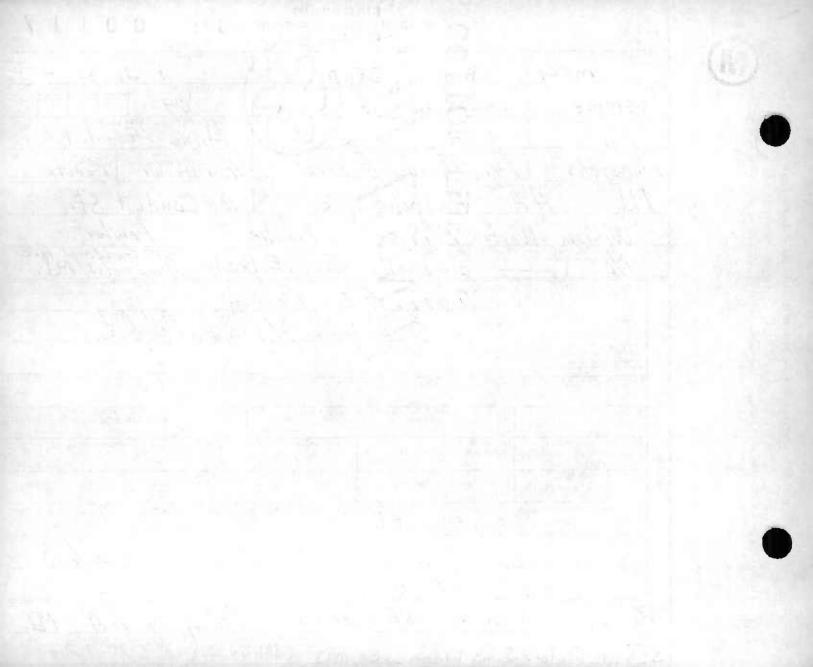
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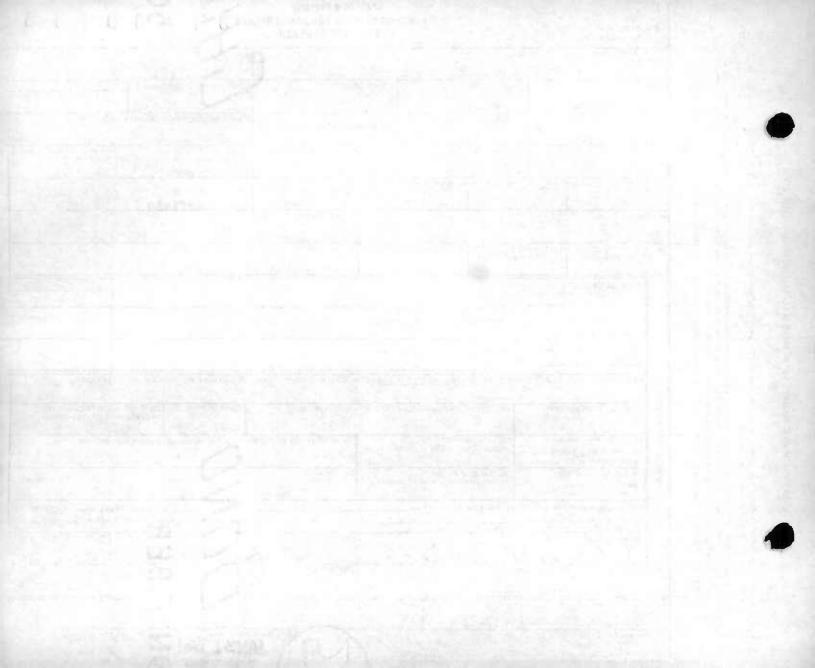
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

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7	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 1 1 7 CERTIFICATE OF DEATH						
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	3. S	MARY	B,	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER			
ector.		FEMALE	CAUCASIAN	MONTH DAY YEAR	69	MONTHS DAYS HOURS			
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anima 2	14. F	ATHER'S NAME WILLIAM 1	Worton Bur	ris Mother's Maiden N.		Fowler			
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or Item 18 sho	MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211. LOCATION					
as the 1th and orked	2	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	The first of the f	CITY OR TOW	OUNTY ST			
ote Dept. of Heo		22b. SIGNATURE	of view the body after death.	DEGREE ATTENDING	AFOICAL STAF	of the ond hour and from the course store the DATE SIGNED IAN			
should be deto with the State		22d. PHYSICIAN'S NAME TEXPES	1 Delde	27e ADDRESS		1			
o 3 <u><</u>		SURIAL, CREMATION, REMOVAL	1/24/81	ST. Name OF CEMETERY OF CREMATORY	23d POCATION CHY OR TOWN TINAZ PO	115 A.A. M			
M 1/76	24	UNERAL DIRECTOR	A C O ADDRESS	25a. DA		256-REGISTRAR'S SIGNATURE			



	1	- STATE REGISTRAR	DEP	CERTIFI	CATE OF DEATH	REG. N	UU	1 1 9		
		ECEASED NAME FIRST	MIDDLE LAST			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
e 4 may be to, page 3 ofter death	(17)	Liona E	sterline Bran	mmer		Jan.15	.1981	12:30PM		
moy pog ter de	3.5	EX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	ER 1 YEAR IF UNDER 24 HRS		
rr degth. Page 4	2	Female	White		Oct.3.1891		YRS.	DAYS HOURS MIN		
		BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUN			9. BALTIMORE CITY O		ATH		
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rtificate by physicia and papers. emoval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (1	b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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beer mit. priar any ii	CERTIFICATION	90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
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OR ATTEN OR ATTEN or hospitol DIRECTOR sched for u Dept. of He	3 5	obove, (I) (we) (did) (did no	ot) view the body ofter death.	IY, one	d that in (my) (our) apinion o	leoth occurred on the do				
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Y the XAL D detoc ote D vT: If I		Marles	Mr. Kuze	7	ATTENDING PHYSICIAN	MEDICAL STAF	IAN	Jan. 15, 1981		
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TO HOSPITAL (TO FUNERAL E shauld be deto with the Stote E IMPORTANT: If	1	Charles W. K	inzer MD		Annapolis, Md					
Of Off	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION				
		(SPECIFY) Burial	117-81		s Cemetery	L erona.W.	Va Man			
DHMH-16 60M 1/73	24 1	UNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE A		
(VR A 15 (4))	На	ardesty FH, 12 Ri	dgely Ave Ann	ss apolie M	1 21/01	REC'D. BY REGISTRAR	harbard	10.0000		
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DHMH - 16 60M 1/75

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

(VR A 15 (4))

1 - 6 - 81

23a. BURIAL CREMATION, REMOVAL

(SPECIFY)

Buria1

23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley

23d. LOCATION Cockeysville

COUNTY

Maryland

1050 York Rd. 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

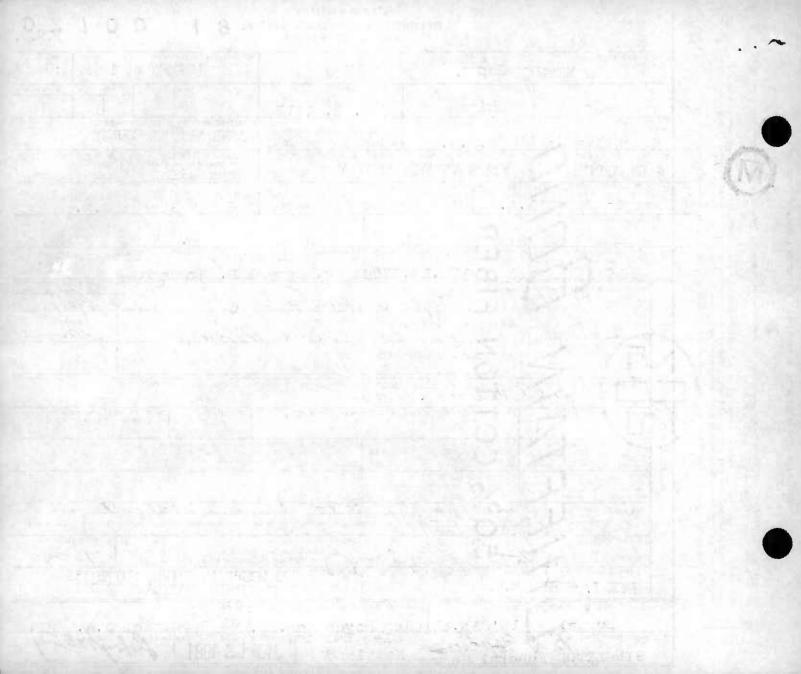
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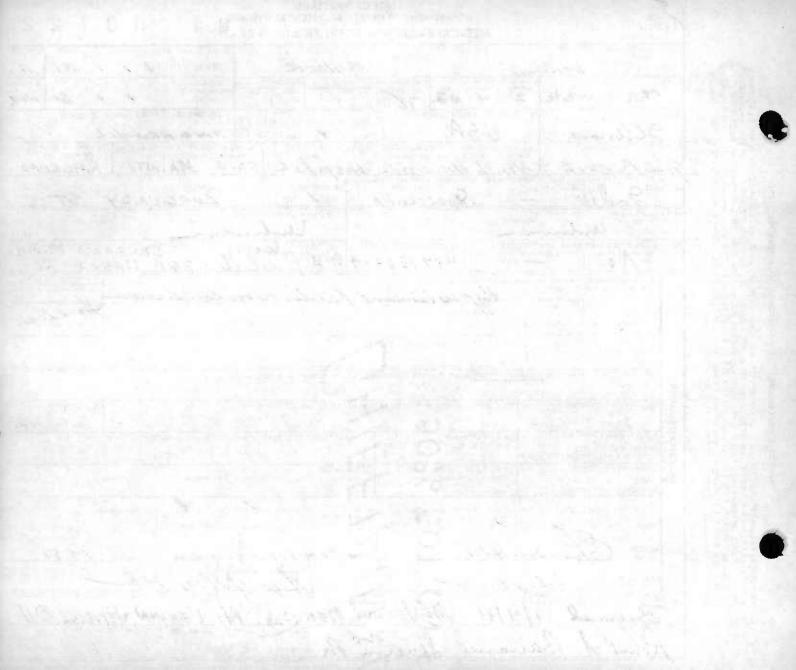
8	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0	0 1	2.0
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ed by the attending phys please remove carbanpat urial, cremation, ar remove , ar ather traumatic event,		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if dny, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNISMEANT.	DUE TO, DUE TO, (b) DUE TO, (c)	OR AS A CONSEQUI	ENCE OF	c heart	Projector	OTION CHES	yea	MATE INTERVAL
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e detached for us State Dept. of He NNT: If Item 21 is		226.1 certify that (I) (this hosp sow the decreased all e on above, (I) (we) (did yet) at 17th SKSNATURE 27d. PHYSICIAN'S NAME (THE COLUMN STERN)	t) vipe the bod		1	Ne ADDRESS 300 H	MEDICAL STAF	VE, SU	The DATE !	SIGNED S-B/
TO FUNERAL should be deta with the State	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	C 00		GLEN GLEN CREMATORY	23d. LOCATION CITY OR TOWN	YLAND	CTOOL	STATE
OM 2/80	24 F	Burial UNERAL DIRECTOR NAME CITICI PROM	y. The	AN. 81 G.	Glen	aven Mem PK Burnie 350 DATE	REC'D. BY REGISTRAR	rnie.	AA	MD.



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JAN 2 & 1991 Kinggoway

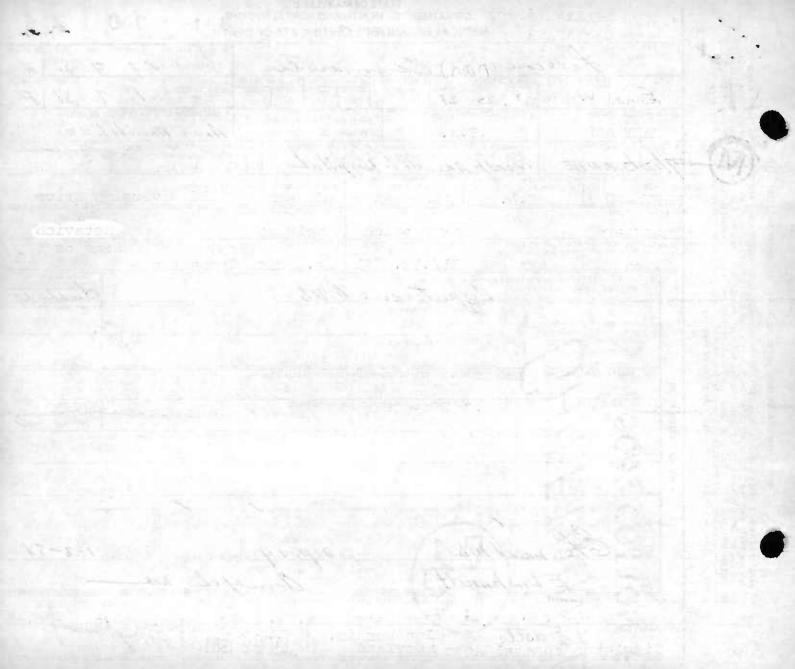
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	market .	{171	E OR PRINT)	DONK	24.15			Builo	OK		OF ESTI-		,	1981	1
	THE REAL PROPERTY.	3. SE.	4. R	ACE	5. DATE OF BIRT	Н 6	AGE (IN YEAR	IF UNDER 1 Y	R. IF UNDER		DATE	MONTH		YEAR	2d. HOUR
	MEER	-20	Male	white	MONTH DAY		75 YRS	MONTHS DAYS	HOURS		NOUNCED DEAD	1	1	1851	ANA
	ESSA OR THI	7a. B	RTHPLACE (STATE)	OR .	76. CITIZEN OF	WHAT COUNTE	RY? 8	MARRIED	NEVER MARRI	ED 9. B/	ALTIMORE CI	TY OR COU	NTY OF D	EATH	
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	DELAY IS NECESS 3 TO THE FUNERA N PAGE 5 FOR S E FILED, WITHI	10. C	TY OR TOWN OF I	DEATH	11. NAME OF HE	OSPITAL, NURS	ING HOME, ET ADDRESS)	OR OTHER INST	ITUTION	12a. USUAL C	CCUPATION OF WORKING LIFE)	(TYPE OF WORK	12b. KIN	ND OF BUS	INESS Y
	T CS BE P	91	ON BUR!	VIE 1	NORIH		DEL	1405 pi	f2L	SHOP	MA	NT.	RA	HLRE	AAC
	2, AND 3 TO T 3. RETAIN PAC SHOULD BE FI I RECORDS, 30	13a. S	TATE	13b. COUNT	Y	GIVE RESIDENCE BE		13d. INSIG	OE CITY LIMITS?	13e. STREET	DDRESS				
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WD	S LY S LY	14. 17	THER'S NAME FIRST		MIDDLE	LA	57	13. MO	THER'S MAIDE	N NAME	MIDDLE			LAST	
ORE,	A A A G C A A A G C A A A G C A A A G C A A A G C A A A A	16a. \	VAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	16h SOCIA	L SECURITY	NO. 17. INFO	DRMANT (we	ADDE	RESS		· Die	11/
BALTIMORE,	E 5 5 5 7	(Y	ES, NO, OR WHOWN)	(IF YES, GIVE W	AR OR DATES)	489	1062	29 0 1	1 R	10,0	- 7/	SEVE	RNI	4	Magi
	B. GIVI WITH V PAGI		18. CAUSE OF DI	EATH (Enter anly	ane cause per li	ine far (a), (b), c		/ VIII	rysus	uorai.	2621	NIF	AP	PROXIMATE VEEN ONSET	INTERVAL
		-	PART I DEATH	WAS CAUSED	BY:	perla	-2122-	ic las	ules V.	esseil	acido.	20000		VEEN ONSET	AND DEATH
PRESTON	IN IE		402	9		R AS A CONS	EQUENCE OF		THOUSE I				1	uch	4
PRE	VITH CIL II NER ADV.			if any, which to immediate	(b)										
×.	JED WITHIN 24 HO N PENCIL IN IEA I EXAMINER ALONG IAL-TRANSIT PERMIT MENTAL HYGIENE, OR REMOVAL.	5	cause (a) stat	ting the <u>under</u> -	DUE TO, C	OR AS A CONST	EQUENCE OF								
5, 301	RECUT AL EX BURIA AND A				(c)										
ORDS	DZS 4 ZZ	z	PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	DNTRIBUTING TO DEAT	TH BUT NOT RELATED	TO THE TERMIN	AL DISEASE OR CONDI	ITION GIVEN IN PAR	H 1 (a).					
M.	PENDIN PENDIN F MEDI ED AS A HEALTH CREMAT	CERTIFICATION	19a. DATE OF OPI	ERATION	19b. CONI	DITION FOR W	HICH OPERA	TION WAS PERF	ORMED?				120 A	UTOPSY?	
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	ICATE SHO THE WORD THE CHI SULD BE US TMENT OF TO BURIAL,	CERT	21a EXTERNAL C	_		OF INJURY	WE.10	21c HOW INJU	JRY OCCURRED	D (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR F		E3 [_]	NO
NO	A STANDER	CAL	UNDERLYING CONTRIBUTING	OR CAUSE OF DI		.M. MONTH D	19	34,17							
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۵	HIS CERI WRITING VARDED AGE 3 SI ATE DEP	~	WHILE AT WORK AT	OT WHILE							OK 10 WIN		OUNT		SIMIE
	AL EXAMINER: TH HE CERTIFICATE, W HOULD BE FORWA AL DIRECTOR: PAC TH, WITH THE STA: , MARYLAND, 2120		22a. I certify th	at I took charge	of the remains d	lescribed abave	, held an	Autapsy .	Inspection	. Inc	quiry Z,	and in my a	pinian		
	EXAMINE CERTIFICAT JLD BE FC DIRECTOR WITH THE ARYLAND,	16	death resulted fr		l causes	Accident], Suici	de 🔲 Ho	micide .	Undetermin	ed manner].			
	AL EXAL THE CERT THE CERT HOULD ATH, WIT E, MARYL		ACTUAL	QU C		0		TITLE	E (SPECIFY)						
	RAI ATH, E, M		SIGNATURE	And	ree of	125	-	M.D.De	0449	MEDICAL	EXAMINER	DATE	VED	-1-81	
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	TO MEDICAL E EXECUTE THE OPAGE 4 SHOU TO FUNERAL I AFTER DEATH, BATTIMORE, MA	23n B	(TYPE OR PRINT)	V.REMOVAL 1231	DATE	22, NA	ME OF CEAS	TERY OR CREMA		23d. LOCATI	ON				
	BP	, G	R	28	14/81	Mr	VERA	IN ME		CITY OR TON	VILED	Ven co	EFEC.	OL A STA	9/1.
	DHMH - 17	24. F	INFRAL DIRECTOR	10	1		~	2.0.		EC'D. BY REG	ISTRAR 25b. R	EGISTRAR'S	SIGNATI	URE	
((VR A15 ME (5)) 15M 7/77	1	Toluel &	1-130	andre	w &	even	a Ph	FERNI	5 100	1 1	intary !	ho.P.	eadin	



		FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	UUIZS
		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ay be age 3 death		MARY	T.	BURTON	JANUARY 21.	1981 11:20 A
age 4 may	3	Lon all	I hate	S DATE OF BIRTH MONTH 3- 24- 1990	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
25 67	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEYER MARRIED	9 BALTIMORE CITY OR COU	
dee dee	9	pid.	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDE	EL COUNTY MD.
by the feed within	J	LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION RET ADDRESS! DEL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE INDUSTRY AT HOME
thin 24 ha y fitled in ould be fill	5	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 134 CITY OR TO		130. STREET ADDRESS	Sles Burne 1
ecuted wit	20	FATHERS NAME	MIDDLE Collins	15. MOTHER'S MAIDEN N. First	AMÉ	LAST
te be exected an and company to the me	1 16	WAS DECEASED EVER IN U.S. AI (YES) FOR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SI VE WAR OR DATES!	7148 D. Mary 90	Moway - 3004	Jardel are. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and completely filled in by so the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examiner must		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF bowel &	endrom =	lley
law requires been signed Then pleas rior to burials s any injury,			CONDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
an. The Lan. The Lan. Crate has be sit permit. Ygiene pri 18 shows	2	19a DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. II IN CE	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: ng physician. this certificate urial-transit p Mental Hygie			ATH HOUR A.M. MONTH	DAY YEAR	RRED JENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2]
ENDING PHY or attending pl DR: After this se as the burial lealth and Mer	- ADICAN	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTEN atral or a ector or use a of Hea		saw the deceased alive ai	oital) attended the decreased from	01	, to, to, death accurred an the date and	haur and fram the causes stated
IR IR		THE SIGNATURE	p 5000	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	1/21/8/
TO HOSPITAL- retained by the h TO FUNERAL D should be detach with the State D	1	RECEP ERO		325 HOSPITA	AL DR. GLEN E	21061 BURNIE, MARYLAND
TO TO Sho witin	23	BURIAL, CREMATION, REMOVAL	23b. DATE 2	34 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH-16 25M (VRA 15, 4) 1/79		Down "	An In . Politics	Sallino II.	TE REC'D BY REGISTRAR 256. RE	

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\$2000 P		Emale V		UG. 25		59 YRS					DEAD	/	7	1001	PX
SESTED 2	FO	RTHPLACE (STATE OR REIGN COUNTRY)		b. CITIZEN OF WI					ER MARRIE		BALTIMORE C		11	-07	
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120 AND 120	13a. S М Д 1	RYLAND	136. COUNTY	.A.	PAS	ADENA	13	Id. INSIDE (1 YES 🗔	NO Z	13e. STREET	ADDRESS R	ivers	ide	Driv	e
MD. 3 S. 1. 2 P.M. 3 ID 2 S. 1. 2		THER'S NAME		AIDDLE				S. MOTHE	R'S MAIDE		MIDDLE			LAST	
)	Bernard	^		Bartas		h		lvina	a	MIDDLE			DAVI	CH
	16a. W	AS DECEASED EVER	(IF YES, GIVE WAI	D FORCES?		L SECURITY	NO. 17	. INFORM	TANT	(Son) ADD	DRESS	Same	as	#
DURS AFTER DE 8. GIVE PAGES WITH FORM WITH FORM DIVISION OF		no	N/			12.92	91	Mr.	Bruc	ce Ca	mmara	ta			13
200 []		18 CAUSE OF DEA PART I DEATH V	TH (Enter only o	ane cause per line	for (o), (b), ar	nd (c).)		100	,			118	BETV	PPROXIMATE I	INTERVAL AND DEATH
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" R. R. C. S. C. S. C.				of the remains des	cribed obove,	held an	Autopsy	□,	Inspection	D. 1	nguiry .	and in my	opinion	9.1	
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TO MEDICAL BEECUTE THE CONTROL TO FORM SHOULD AFTER DEATH, BALTIMORE, M.	23a. Bl	IRIAL/CREMATION				ME OF CEME		DRESS_		23d. LOCA					
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DHMH - 17	24. FU	INERAL DIRECTOR		ADDRESS	01	en Bu			250. DATE RI	EC'D. BY REG	GISTRAR 251	BERNISHRAR	19086	Meny	
(VR A15 ME (5)) 15M 7/77		Singleto	n Tun	eral H					MAL	1 2 19	81 4	./		-	



1- STATE S	STATE STAT				STATE OF MAR				
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Anne Arunde	Anne Arunde Anne Arunde Anne Arunde Anne Arunde Anne Arunde Anne Arunde	7a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8				DEATH
Annapolis Anne Arunde Gen. Hospital Retired Pilot Fying Justine Respected in Respectable for the second and the annabasion of the second and the second a	Annapolis Anne Arunde Gen. Hospital By Start Arunde Gen. Hos	50	Idaho	U.S.A.					
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1. FATHER'S NAME 1805 18	FATHER'S NAME INCOME INC	13n	STATE 124 COLD	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOY	YN 13d. INSIDI	E CITY LIMITS?	13, STREET ADDRESS 127 W. B	ayview	Drive
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Annapolis 17. INFORMANT Address 17. INFORMANT Address 17. INFORMATION ADDRESS Annapolis Annapolis 17. INFORMANT Address 17. INFORMANT	18e WAS DECEASED EVER IN U.S. ARMED FORCES? 18b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Annapolis 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 17. INFORMANT 17. IN	14. F	Frederick	L. Cavis		ER'S MAIDEN NAM	Æ		
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/(a) 196. DATE OF OPERATION 196. CONTRIBUTING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 217. PLACE OF INJURY 197. And that in (my) (away) apinion death occurred an the date and hour and fram the causes sto obave, (1) (away) (aid) (DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse ind., stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	160.	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES					
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 22e. I certify that (I) (this haspital) attended the deceased from 19 , to 12 18 19 , that (I) (was assumed to the deceased alive an 19 , and that in (my) (was) apinion death accurred on the date and hour and from the causes stated above, (I) (was) (did) (did (did (did (did (did (did (d	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICALEXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. I certify that (I) (this haspital) attended the deceased fram 1979 22e. Address 22e. Address 22e. Address 22e. Address 22e.	y, or office	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c)	DEATH BUT NOT RELAT			20b. IF YES, WI	ERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 22d. I certify that (I) (this haspital) attended the deceased from 199 , and that in (my) (ever) apinian death accurred on the date and hour and from the causes standard (I) (i) (i) (id) (id) (id) (id) (id) (id)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this haspital) attended the deceased from 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10		21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c HOW	INJURY OCCURRE		YES [] NO [
220. I certify that (I) (this hospital) attended the deceased from 199, and that in (my) (acr) apinion death accurred on the date and hour and from the causes star abave, (I) (acr) (did) (34 mm) view the bady after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 DATE SIGNED 22c. DATE SIGNED 22c. ADDRESS Stanley P. Watkins 121 Cathedral Ave., Annapolis, Md.	22e. I certify that (I) (this haspital) attended the deceased fram 1979 19 19 19 19 19 19 19 19 19 19 19 19 19		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	19 211 LOCA	TION			
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>	Syd South 8 0		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	(2)
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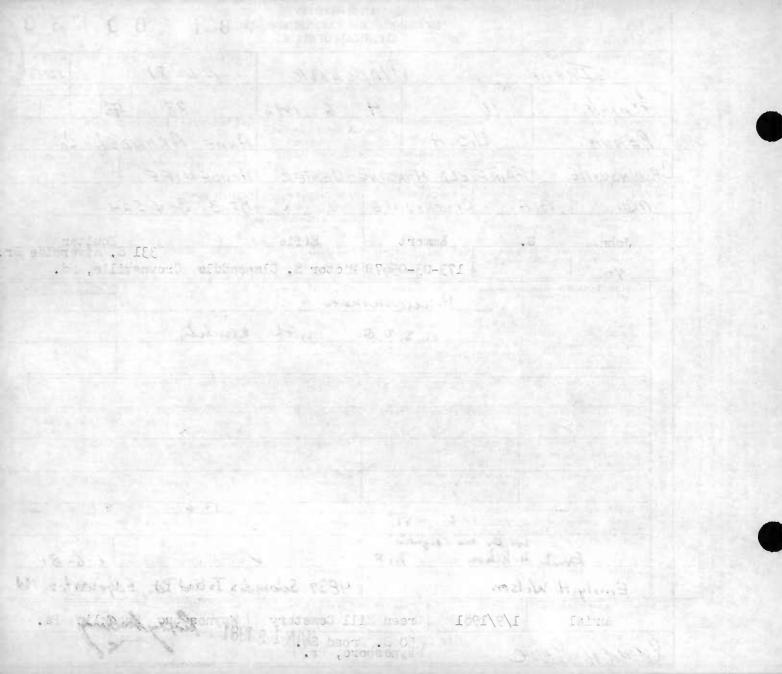
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BALTIMORE, MARYLAND 2120	n and con Pages 1 a	10	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same as (YES, NO OR UNKNOWN) (IF YES, GIVE WAS OFFITES) ZIZ-40-3654 Marion F. Christilf #13a
-	physician popers: moval.	Ī	18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (ct.) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON SI	tending re corbar an, ar ret		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (ib)
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	ITAL By the RAL RAL State	7	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d. ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR
	TO HOSP retained 1 TO FUNE should be with the 3	2.	GENAND CHURCH & tragger dres Jeren I'm. Mel 1/16 30 BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
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puo 20		John (C. Em	mert	15. MOTHER'S MAIDEN NAME FIRST Effic	MIDDLE	Boulter
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ows ony injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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thond M raked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Heol		220. I certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did nat	t) view the body after death.	19 <u>91</u> , an	d that in (my) (our) apinion (, to <u>1 ~ 6</u> deoth occurred on the dote a	, 19 , that (1) (we) los
RAL DIREG detoched tote Dept.		22b. SIGNATURE Emily	to on me can	mo.		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 1 - 6 - 81
should be d		22d. PHYSICIAN'S NAME (TYPE OF Emily H. W	· ·		22. ADDRESS 48.37 Solovi	The second secon	Edgewater, Mo
- 0 5 <	(URIAL, CREMATION, REMOVAL Burial	23b. DATE 1/9/1981	Green H	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Pa. Pa.
16 50M 7/77 A 15 (4))	24 F)	NERAL DIRECTOR	ADDR	Wayne sb	Broad SH No PAY	RESOLY REGISTRAMIZED	EGISTRAR'S SIGNATURE



	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	00131
	1. DE	CEASED NAME FIRST	WIOOFE	LAST		MONTH DAY YEAR 26 HOUR
e C f	TYPE	Dora Dora	E	Clark		1/13/81 935
, you want	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR
oge 4		Female	white	MONTH 0AY YEAR 11 22 83	97	YRS DAYS HOURS MIN
oth. P		RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTY	MARRIED WEVER MARRIED	1	R COUNTY OF DEATH
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by the	1	nnapolis	Anne Arundel		TOUSEUS	
ND 212 24 hour illed in tilled in ti	USU.		OR OTHER INSTITUTION, OF RESIDENCE BE	FORE ADMISSION)	136 STREET ADDRESS	7/
YLANE rithin 24 rithin 24 should iner mu	14.5	THE S NAME	H AWWAR	/ .	13066	chowy PR.
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of ysteinn and completely filled in by opers. Pages 1 and 2 should be file wol. It, the medicologognines must be medicologognines.		HEIDPY	MIDDLE TIMMED	IS. MOTHER'S MAIDEN N.	MIDDLE MIDDLE	ESCHELMAN
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TIMORE be exect on ond or s. Poges		res, no promovo (III yes, GI	VE WAR OR DATES	MESKENNEH	H-CARBOE	#13
T., BAL.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for 31, (b . ED BY:	ond ic	0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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ORD requ	CERTIFICATION					
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N OF VITA SICIAN: T ng physical certificate miol-tronsis entol Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TEL TENTEN INVIORE OF BROOM	TINTEM IS, PART ORPART 2)
HYSICIA HYSICIA nis certifi buriol-ti Mentol or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
SI Phe he h	ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFI		CITY OR TOW	N COUNTY STATE
ENDING fol or off OR: After ruse os th Health o			<u>sital</u>) offended the deceased from	m		3 , 19 8 , that (I) (**) la
2 0 0 0		sow the deceased alive or above. (1) (western) (did no	of view the body ofter death.	and that in (my) (correpinion)	deoth occurred on the do	ate and hour and from the causes stated
he he		26. SIGNATURE	7 1	DEGREE		22c. DATE SIGNED
7 = 7 + 9 =	'	Key M. C	ilanden,		MEDICAL STAF	IAN - 15-81
HOSPITAL ined by the FUNERAL wild be det the the Stote		22d. PHYSICHON'S NAME (TYPE	PINTP RO	27e ADDRESS	1. 1.1	
O HOSPITA O HOSPITA TO FUNERA should be de with the Stot		JABYM. Kich	ARDSON, M.D.	104 Forbes S	treet, 17	UNApolis, Md2
	230	URIAL, CREMATION, REMOVAL	136 DATE 101	NAME OF CEMETERY OF CREMATORY	Progration	COUNTY MAKE
BP	M)	URIAL DIRECTOR DA	1/10/0/	ENAE HILL	TE BECID BY DECIMAL	YW III
DHMH - 16 50M 1/76 (VR A 15 (4))	to	KNAM Les Les	for / Crans	god mel	TE REC'D. BY REC	AT HECKENSTRUCTURE

FOR

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(VRA 15(4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

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0	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 O	0 3 3 EST
	DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
	TYPE OR PRINT) JAMES	Marshall	COLE , Sr.	JANUARY 27, 1	1981 6:55P
T ²⁹ 3.	SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	White	Sept. 6, 1908	72 YRS.	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY	OF DEATH
h	Arkansas	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL CO	OUNTY M
3 10	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	17b. KIND OF BUSINESS OF
7	GLEN BURNIE	NORTH ARUNDE	EL HOSPITAL	Press Rm. For.	Alco
1	Ba. STATE COUN	other institution, give residence before NTY 13c CITY OR TOW Glen Bu	/N 13d. INSIDE CITY LIMITS?	136. STREET ADDRESS 108 Sunset	Drivo
C. Street, Square,	Maryland A	·A· Brell bu	YES NO X IS, MOTHER'S MAIDEN NA		DITAE
18	Tillford	W. Cole	Jeanett		homlinson
U _{II}	B. WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SECU			me as # 13
4		ONE 277.03.	7289 Mrs. Isabe		WC (10 11 13
3=			idecil T		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
14		ly ane cause per line far (a), (b) an D BY: [E CAUSE (a)	Vel		SETWEEN ONSET AND DEATH
18	4210	DUE TO, OR AS A CONSEQUE	ENICE OF		
1/2	Canditians, if any, which	(b)	ENCE OF		
or Iro	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
tit	underlying cause last.	(c)	ENCE OF		
3	PAR 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	IN PART I(a)
E.	Jenn. L	reples wel	Chen. HODY	hustry gat a	up.
13	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
7				YES NO YES	NO 🗆
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
20	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
2	21d INJURY OCCURRED	21. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
B	MHILE NOT WHILE AT WORK			/ -	0.
3	22a.1 certify that (I) (this haspi	tal) attended the deceased fram_	, 19		, that (I) (we) las
2	above, (I) [we] [did] (did no	I Vew the pody after death.		death accurred an the date and haur	
15	22b. SIGNATURE	Vala	DEGREE	MEDICAL _ STAFF	22c. DATE SIGNED
3	224 PHYSICIAN'S NAME /TYPE O	- your	1 . (12) PHYSICIAN	DIRECTOR PHYSICIAN	11.08.81
The			7047	bakwood Road #204	
Z KE	CENAP S. DORK			Burnie, Maryland	21061
Q	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24	Burial FUNERAL DIRECTOR		en Haven Mm Pk.	Glen Burnie	Md.
	NAME: A	uneral Home M	Hen Burniel	N 3 0 1981	ty/Kelricoly
	OTHOR CITY	THE FALL HOME M	n . I I u	(4 .) 11 [.](1]	

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(VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAM Marguerite 2s DATE OF DEATH MONTH DAY 26. HOUR 3 CRICKENDERGER 0 IF UNDER 1 YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH MONTHS DAYS HOURS Female White 13, 1892 88 June YRS. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ann Arundel U.S.A. Virginia WIDOWED DIVORCED | 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 12h KIND OF BUSINESS OR nnapolis Convales cent & (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Annapolis USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSIONI 130. STATE 113c. CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS Maryland Edgewater Arundel YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lee MIDDLE FIRST MIDDLE Carper Cora Campbell Robert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Dean Rodgers, 166 Cardamon Drive (YES, NO OR UNKNOWN) I IN YES, GIVE WAR OR DATES) no Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Minnina IMMEDIATE CAUSE (O) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK AT WORK 22a I certify that (I) (this hospital) offended the deceased from that (I) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave (1) (we (did)) did not) flew the body after death. 22c DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22e. ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT) Dr. Rodney L. Brimhall M.D. 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Pan. 24,1981 Mt. Olivet Cem. Frederick Frederick Church St., Frederick, Md. 21701 DHMH-16 25M

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21201	OURS AFTER DEATH. IF ANY DELAY IS NE. 118. GIVE PAGES 1, 2, AND 3 TO THE FUI G WITH FORM PM. 3. RETAIN PAGE 5 I MIT. PAGES 1 AND 2 SHOULD BE FILED. V RE, DIVISION OF WITAI RECORDS. 201 W	13a. S	AL RESIDENCE	(IF IN NURSING I	OUNTY	HER INSTITUTION, G	NE RESIDENCE BEFORE A	omission) VN	13d. INSIDE	CITY LIMITS?		EET ADDRE		m R			
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRIN	VT)	. /			ard,M.				Stree	t,Bal	to.	,MD	21201	
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	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 3 9 CERTIFICATE OF DEATH							
		CEASED NAME FIRST PORTINITY MARK	MIDDLE		DAHRINGER		REG. N 20 DATE OF DEATH Tanya	MONTH DAY	20-1981 3 PN	
	Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Conn.		Caucasian 2 75 CITIZEN OF WHAT COUNTRY? 8 MA WID WID		5. DATE OF BIRTH - DAY 2 - 19- 1888		92 YRS.			
15					MARRIEI WIDOWE	DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel MD			
0	Crofton		11. NAME OF HOSPITAL, NURSING HOME CO. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Crofton Convales Co.				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Librarian-City of N.Y.			
35	13a :	AL RESIDENCE (IF NURSIN DUI STATE DUI		BOW I C		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 3008 Tar	nbark L	a.	
100 C		ATHER'S NAME Philip	MIDDLE .	Hapenn	у	15. MOTHER'S MAIDEN NA Mary	Ann	3 1 1	Donne 1 ly	
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	MEDICAL CERTIFICATION	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost (C) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED								
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Burial 1-23-81 Screc Heart Bowie 16.000 Annoral Home

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

2b. HOUR

FOR - STATE

REGISTRAR

DECEASED NAME

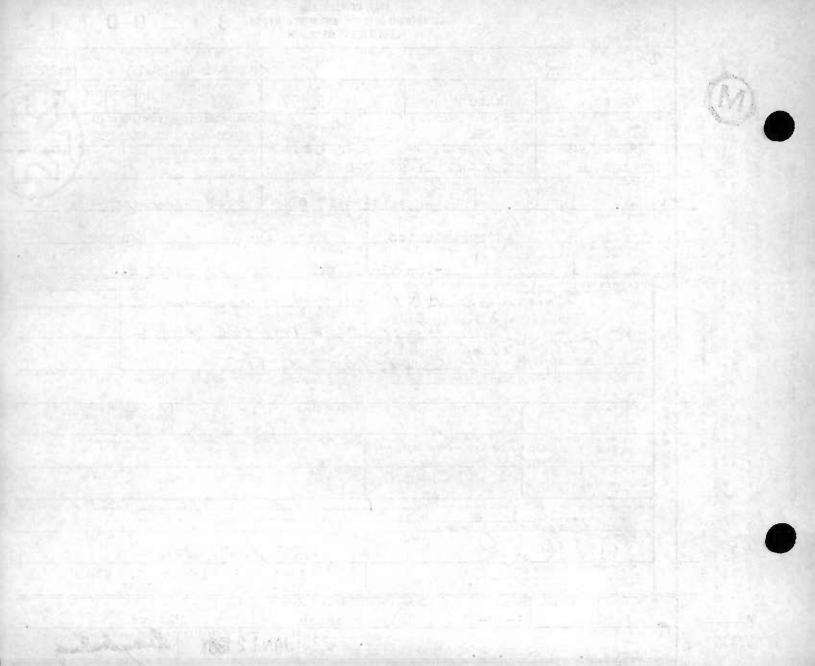
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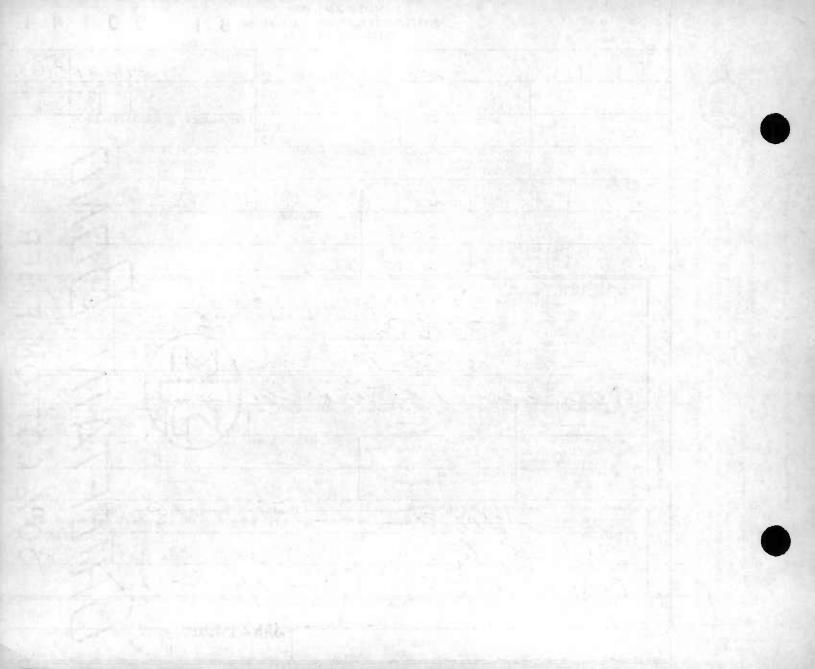
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



L		1			STATE OF MARYLAND		
6			FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		00144
	•	1	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	H DAY YEAR 26 HOUR
	2 E 60 .		TYPE OR PRINT) Edit	-h Escott	Fbauah	1	1681816pm
	1/22	3	SEX	4. RACE	5. DATE OF BIRTH O	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN
	3(160)		Female	white	04 17 98	182	YRS.
	8 89	(7	I. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OF CO	
	neru n 7	0/	New Ypok City	USA	WIDOWED DIVORCED	AACo	MD.
	ter di within	1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	S HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
201	by the		Annapolis	AA General		Editor	State Dept.
MARYLAND 2120	filled in rould be	5	SUAL RESIDENCE (IF NURSING HOME O 30. STATE 13b. COU AAC	or other institution, give residence before INTY 13c. CITY OR TOWN Harwood	ADMISSION) 13d INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS 4703 Bayfield	Rd.
RYL	etely 2 sh	11	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LACY
WA	mplet and	de	William	Escott	Frances	MIDDLE	Underhill
RE,	d co	, 16	(YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES		ADDRESS	
BALTIMORE,	n and Page:	1	no	577 60 51	92 Shirley He	eintz # 13	
AL RECORDS, 201 W. PRESTON ST., B	The law requires that the death certification. The has been signed by the attending phy sit permit. Then please remove carbanpa giene prior to burial, cremation, ar remove haves any injury, ar other troumatic event	2	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a PATE OF OPERATION		ACE OF MY TO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YESNO
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	ATTENDIN aspital ar- icTOR: Aff of for use a for use a r. of Health		sow the deceased alive at	oital) ottended the deceosed from	, and that in (my) (our) opinion	n death occurred on the date or	, 19 , that (I) (we) last and hour and from the causes stated
	DR he		274 SIGNATURE	11/1	DEGREE		22c. DATE SIGNED
	- C - O - E		Tranh s	hiply	ATTENDING PHYSICIAN	MEDICAL STAFF	1-17-81
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	retoin TO Fi shoul	2	Burial, CREMATION, REMOVAL	L 236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	2M LOCATION	A Constant of the Constant of
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 twith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	1.	FOR STATE		DEPART	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HY	GIENE 8		0 0	1	4 6
		REGISTRAR CEASED NAME FIRST		WIDDLE		AST DEATH	20. DATE C	REG. NO.	DAY	YEAR	2b HOUR
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,	3. SE	Male	4. RACE Whi	.te	5. DATE (6. AGE IN	YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
3		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.		MARRIE			ORE CITY OR COU Arundel			M
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\$5	130. 3	AL RESIDENCE IF NURSING HOME OF STATE 136 COU		Glen Bu	/N	13d INSIDE CITY LIMITS? YES NO		Furnace	Bran	ch	
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e medico		WAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI	WE WAR OR DATES)	16b. SOCIAL SECU 220-24-8		17 INFORMANT		ADDRESS			
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orked or	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC)	211. LOCATION STREET		CITY OR TOWN	/	OUNTY	STATE
n 21 15 m		220.1 certify that (I) (this bop sow the deceased alive or above, (I) (was (did) (did no		1/26/ 10		nd that in (my) (cor) opinion	death occurr	ed on the date and	hour and	Irom the	that (1) (we) last causes stated
MPORTANI: If flem	3	22b. SIGNATURY Clbus	B Bren	ely			MEDICAL	STAFF PHYSICIAN		22c. DATE	51GNED 29/81
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24 FUNERAL DIRECTOR
NAME
Anatomy Board

1/28/81 Balto., Md.

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	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D BY:	ar (a), (b), and (c).)	TO A CONTRACT OF THE CONTRACT		BET	PPROXIMATE INTERVA
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22a I certify that (I) (this hospital) attended the deceased from 17.78, 19, to sow the deceased alive on 17.30 % on 19, and that in (my) (our) opinion death occurrence obove, (I) (me) (and) (add not) view the body ofter death.	red on the date of		, that (I) (we) e causes stated
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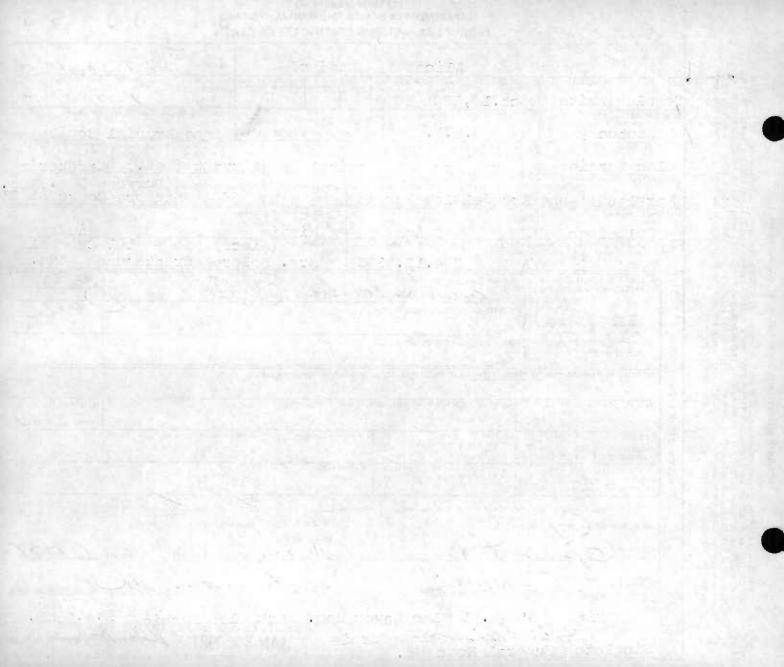
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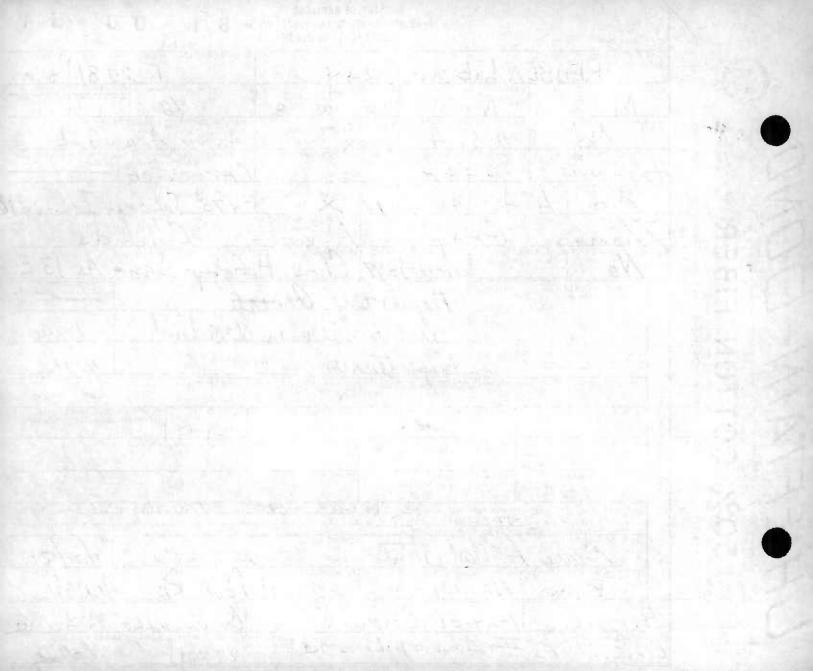
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TO HOSPITAL OR retoined by the him TO FUNERAL DIRE should be detoche with the Stote Dep IMPORTANT: If he	ATTENDING MEDICAL STAFF PHYSICIAN SNAME (TYPE OR PRINT) 224-PHYSICIAN SNAME (TYPE OR PRINT) 236. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal 1/24/81
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR FIRST MIDDLE DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. 7, WITHIN 72 HOURS W PRESTON STREET, Alice DEATH MATED Goddard Snowv 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Oct.19,190 Female White DEAD 80 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Kentucky WIDOWED DIVORCED Anne Arundel County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Whitmore Court Glen Burnie 6644 (Ret.) Servant Cafeteria BE ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SHOULD (Burwood Gds.)Apt 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 3a STATE 13b. COUNTY 6644 Whitmore Court Bl Anne ArundelGlen Burnie YES [NO X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME DIVISION OF WITA MIDDLE LAST MIDDLE LAST FIRST Hicks Minnie Smith Culbeison 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Niece) ADDRESS 1.01 Cromwell (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Dolores Greathouse 294.12.8395 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PWEEN ONLET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A AT CERTIFICATION 19g. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? OF YES NO I 3 SHOULD BE L DEPARTMENT O PRIOR TO BURIAL 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, II. LOCATION AT WORK AT WHILE STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian DIRECTOR Undetermined manner Hamicide death resulted fr TITLE (SPECIFY) ACTUAL DATE 1.223 GE 4 SHOUR SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) PA 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY COUNTY Glen Haven Mem. MD. A . A . Burial Park Glen Burnie BP Clen Burnie **DHMH-17** (VR A15 ME (5)) Singleton Funeral Home Md. 15M 7/76





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- STATE

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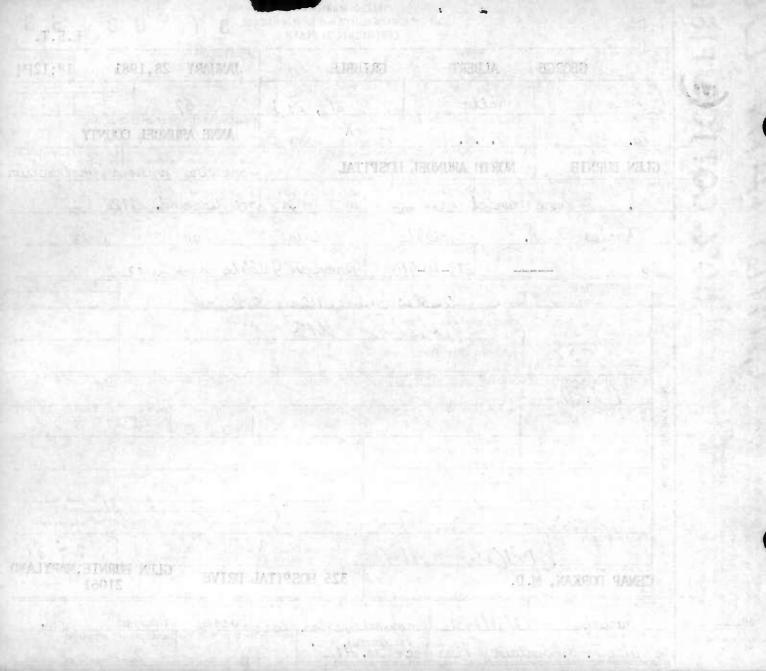
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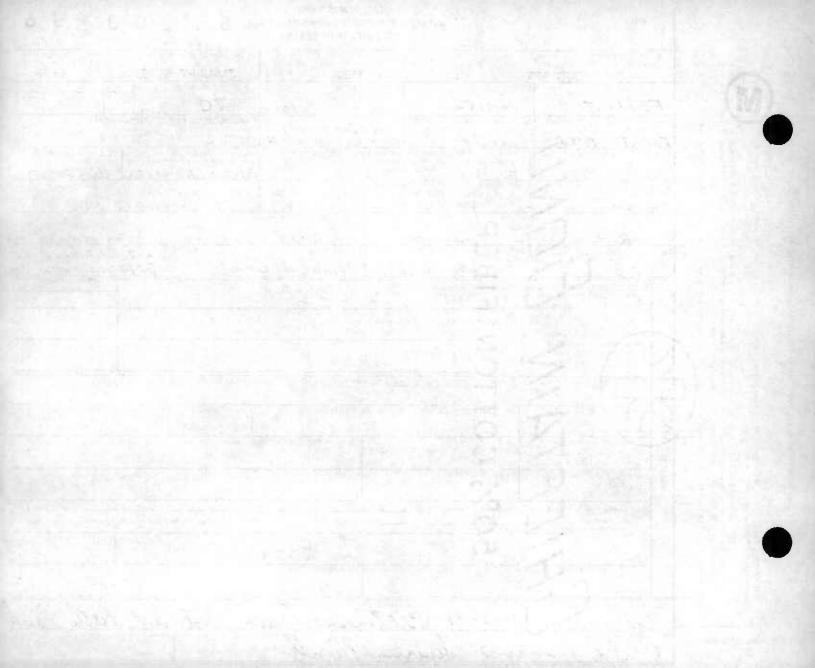
REGISTRAR

2 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

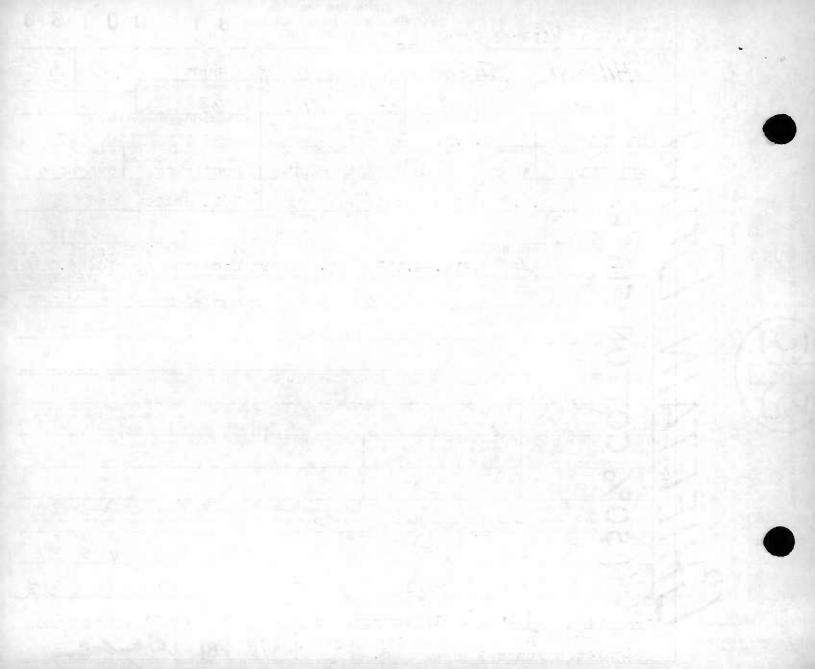




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complet 1 and 2 s		SAMUEL	MIDDLE	OGLE		EMMA	MIDDLE		GR	OVE
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physiciar s certifica al-transit ental Hygor Item 18		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2}	
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NG PH inding fter th he bur and M	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF II	NJURY FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vN	COUNTY	STATE
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AT Dital		saw the deceased alive an above 41 (we) (did) (dd did)	view the body ofte	r death.	810, on	d that in imy) (our) opinion o	death accurred on the di	ate and hour a	nd from the co	auses stated
DIRECTORY		22b. SIGNATURE		4\/		DEGREE			22c. DATE S	IGNED
		Peter & Rho	unstern.	MIS		ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	lan1	3.1981
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		PETER H.	RHEINSTH	FIN. A	10	MARYLAND	MANOR	NURS	ING	HOME
or or shoot with	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	236 LOCATION			STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	1	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 1 5 CERTIFICATE OF DEATH)	
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	3. S			4. RACE				YEAR 6	AGE (IN YEARS LAST BI	RTHOAY)	IF UNDE	DAYS	IF UNDER 24	4 HRS
abo.	_		11				12, 1906		74	YRS				
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hysicio popers ovol.		18 CAUSE OF DEATH	Enter on	ly one cause per	line for (a),	(b), and (c)	1.	0 . 0					NATE INTERV	AL EATH
y the ottending ph se remove corbon p cremotion, or remo rther troumotic ever		Conditions, if any, gove rise to imm	which ediate	DUE TO, OF	R AS A CON	SEQUENCE OF	nic sho	ock	erction			6	hou	
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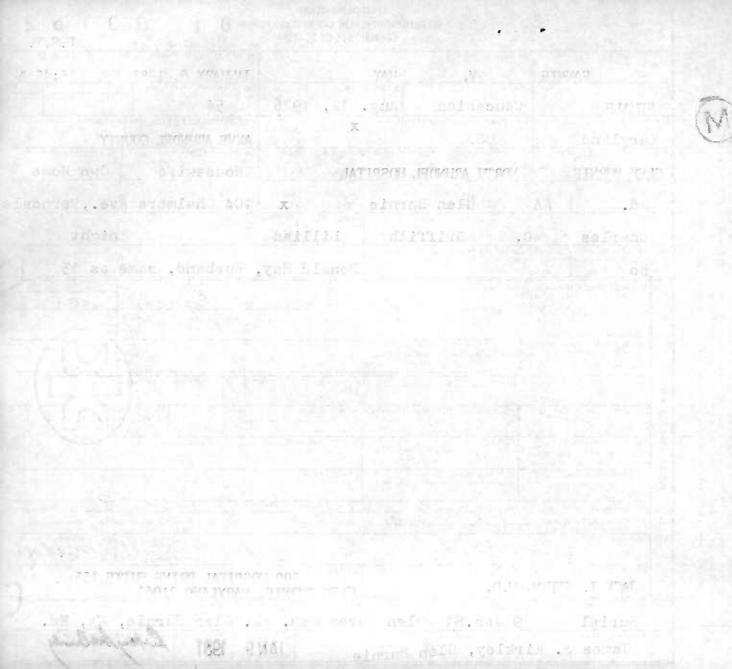
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			EASED NAME OR PRINT)			WIDDIE		LAST		2a. DATE KI	OWN 7	I HTMON	DAY YEAR	2b. HOUR
	AS SHEET HE			HARK				HART		DEATH A	MATED 1		1951	D M
	RY, PLE, DIRECT DUR FIL	3 SEX	M 4. RA	CE	5. DATE OF BIRTH MONTH DAY	YEAR LAS	E (IN YEARS IF T BIRTHDAY) MC		UNDER 24 HRS.	PRONOUNC DEAD		I HTMOI	2 1951	P M
0	S NECESSARY, PLEASE FUNERAL DIRECTOR S FOR YOUR FILES D, WITHIN 72 HOUR W. PRESTON STREET,	FORE	THPLACE (STATE OF	N IA.	16. CITIZEN OF WI	HAT COUNTRY?		RRIED NEVER	MARRIED X		ME CITY OR C		OF DEATH	
	AY IN THE SOLE STATE	10. CIT	OR TOWN OF DI	ATH 12	II. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE STREET AL	HOME, OR C		N 12a. US	UAL OCCUPA MOST OF WORKIN	TION (TYPE OF	WORK 126	KIND OF BU OR INDUSTR Railroa	RY
21201	ANY I	USUAL 130. ST	RESIDENCE (IF IN A	LES EQUINT	OTHER INSTITUTION, GI	13c. CITY OR TO Oceanpo	OWN	13d. INSIDE CITY L	IMITS? 13e STI	REET ADDRESS	Park R	aceti	rack	
MD.	TY SON	14. FAT	HER'S NAME		WIDDLE	HAK	+	15. MOTHER'S	RRICE.	E MIDE	DLE	T, Çı	tast	
BALTIMORE,	AFTER WE PAC YE PAC 3ES 1 SION O	16a. W.	AS DECEASED EVE , NO, OR UNKNOWN) UCS	R IN U.S. ARM (IF YES, GIVE W WWII	/AR OR DATES)	166. SOCIAL SI	CURITY NO.	17. INFORMAN	VI.		ADDRESS			
3D1 W. PRESTON ST., BA	WITHIN 24 HO NCIL IN ITEM 1 AINER ALONG RANSIT PERMII VTAL HYGIENE, EMOVAL.		Conditions, if gove rise to couse (o) static	any, which immediate ag the under-	DUE TO, OR (b) DUE TO, OR	far (a), (b), and reserved AS A CONSEQUE	elle (4	APPROXIMATE FEN ONSET	INTERVAL AND DEATH
RECORDS, 30	BE EXECUTED JDING" IN PEI NEDICAL EXAM AS A BURIALTA AND MEI-TH AN		PART 2 OTNER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO OFATN	BUT NOT RELATED TO	THE TERMINAL OIS	ASE OR CONDITION GIV	VEN IN PART 1 (a).					
	WORD "PEN WORD "PEN HE CHIEF M BE USED A ENT OF HEAL	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDIT	TION FOR WHICH	OPERATION	WAS PERFORME	D?	= 1.1			YES	NO
DIVISION OF VITAL	THE WO TO THE TO THE TO THE TO BUR TO BUR	CALCER	210 EXTERNAL CAL UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M	MONTH DAY	YEAR 21c.	HOW INJURY OC	CCURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
DIVISION	WRITING WARDED VARDED AGE 3 SH ATE DEPA	à l	VIII. INJURY OCCU WHILE DO AT WORK AT	RRED	21e PLACE C	OF INJURY (AT H TORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN		COUNTY	1	STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	E	22a. I certify tho death resulted fro ACTUAL SIGNATURE	Noturo	of the remains des	Accident ,	d an Aut Suicide [PPSY , In Homicide TITLE (SPEC	CIFY)	Inquiry E termined moni	ner,	DATE SIGNED_	1-2-8	-/
	Bb———BATOPAC	230.BUI (SP	RIAL, CREMATION, ECIFY) Remova	REMOVAL 23	1/9/81	23c. NAME	OF CEMETERY	OR CREMATORY	25d, Lt cm	OCATION OR TOWN		COUNTY	STA	ITE
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FUI	NERAL DIRECTOR NAME Anatomy		ADDRESS	., Md.		250.	IAN 26	Y REGISTRAR 1981	25h REGISTR	AR'S SIGN	Creaty	

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6	1 -	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0	0 1	6 2 E.S.T.
, E		CEASED NAME FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
y be		FANNIE		v.	HAY		JANUARY 6,	1981		6:45 Am
OE .	3. SE	X	4. RACE		5. DATE C	DAN MEAD	6. AGE (IN YEARS LAST BIR	FHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
- 66 A	-	FEMALE	Cauca		Aug		54	YRS.		
a and h		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	(? 8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
\$ 0.00		laryland	US		WIDOWE	D DIVORCED	ANNE ARUND			MD.
Her Her	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITUTION	120. USUAL OCCUPATI	E WORKING LIFE		BUSINESS OR
led led	900	LEN BURNIE	NORTH	ARUNDEL	HOSPI	TAL	Housewi:	fe	Own	Home
BALLIMORE, MARTLAND 2120 cote be executed within 24 hours vysicion and campletely filled in a opers. Pages 1 and 2 should be fill vvol. nt, the medical examiner must be fill th	13ø. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT A A	VTY	130. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 104 Chalr	ners A	lve.,F	erndal
RYLA vithin vithin 12 sh niner	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		TAST	
and and		Charles	C.	Griff:	ith	Lillian	Model	K	night	;
n and co		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRE			
Don or S. Page		No	- 11211 311 371 531			Donald Hay	, Husband	same	as 1	3
BALI ote b spers. vol.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	r line for (a), (b), c	and (c).)	1	11	/.	APPROXIM BETWEEN O	NATE INTERVAL
7 4 6 6 6	811		TE CAUSE (a)	(4	rento	Myscard	eal sulo	copu	wa	2hs
re death cert te ottending i move carbon notion, or re-	18	4100	DUE TO, O	R AS A CONSEQ	UENCE OF		/			
dea dea otte	īd	Conditions, if any, which	(b)_					S OF		
se re th		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQ	UENCE OF					ta\\ii=
equires the signed by Then plear r to burial, ar c	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(0	
NG PHYSICIAN: The law reatenating physicion. After this certificate has been as the buriol-transit permit. It had Mental Hygiene prior arked or Item 18 shows only in	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDING NG CAUSES C	GS USED OF DEATH?
CIAN: The physicial physicial columns of the physician and the phy	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR			T 1 OR PART 2)	
IYSICIAI ding ph ding ph scentifi buriol-tr Mentol	¥	OR CONTRIBUTING CAUSE OF DE.		.M. MONTH	DAY YEAR					
PHYS ending this come burned Me dor It	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
d d d d d d d d d d d d d d d d d d d	2	WMILE NOT WHILE AT WORK	TAT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC.)	I a			01	317110
VDIN Lor Use o lealth		220.1 certify that (1) (this hasp	1 - 1	deceased from		12-4-19 00		6- 19	0/ 11	hat (I) (we) last
ATTE ATTE Spito CTO CTO I for of h		saw the deceased alive on above, (I) (we) (did) (did no	t) view the body	after death.	, on	d that in (my) (our) opinion o	death occurred on the do	ste and hour o	and from the co	auses stated
OR AT OR AT DIRECTOR Ched f Them 5		22b. SIGNATURE	- 141	7 1		DEGREE	france or		22c. DATE S	
TAL O y the XAL DI detach hate De AT: If		1043	- 6H	no			DIRECTOR PHYSIC		1-6-	-87
HOSPITAL ined by the FUNERAL wild be deth the State		226. PHYSICIAN'S NAME (TYPE				22e ADDRESS 300 H	OSPITAL DRI	VE SUI	TE 135	
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		<u> </u>	, M.D.			GLEN BURNIE	MARYLAND ?			
55 - 2 > 2		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	* * *	COUNTY	STATE
BP		Burial	9 Jan	1.81 G	len H	aven Mem. Pl				Md.
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	"Tames S. K	irkley	, Glen	Burni	e JAN	E REC'D. BY REGISTRAR	251 GITTRA		JRE .



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REGISTRAR CERTIFICATE OF DEATH	0 1 6 5
by the functal director page 3 filed within 72 hours offer death	3. SI	ECEASED NAME FRST MIDDLE LAST / 20. DATE OF DEATH MONTH DATE OF PRINT) Frances Hopkins / January 19 X ARCE S. DATE OF BIRTH AGE 1997 PLANS LAST METHODAY	OF DEATH IT IS KIND OF BUSINESS OF
TIMORE, MARYLAND 2120 be executed within 24 hours on ond completely filled in to 's. Pages 1 and 2 should be fill mydical executed in the fill mydical executed	20 1	AFRESDENCE (FINISHING HOME DECIDING MISSINGLE BEORE ADMISSION) 136 COLIND A STREET ADDRESS PUER ATTERS NAME ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? The SOCIAL SECURITY NO. 17 NFORMANT VES. INGORUMNISHING THE VES. GIRLS WAR OR DATES. 216-46-6922 THOMAS C HOPKING - #	POS.
RECORDS, 201 W. PRESTON ST., BAI low requires that the death certificate as been signed by the ottending physic errint. Then please remove carbon pape eprior to buriol, cremation, or removal.	NOIL	PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	yeare NIN PART 1(0)
DIVISION OF VITAL FENDING PHYSICIAN: The rid or attending physicion OR: After this certificate h or use as the buriol-tronsit of Health and Mental Hygien I is marked or them 18 show	MEDICAL CERTIFICATION		COUNTY STATE
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be deteched for with the State Dept. o	220	226. SIGNATUJE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) ADDRESS OTHER Mary/C BURIAL, CREMATION, REMOVAL THE DATE 236. NAME OF CEMETERY OR CREMATORY 1236-LOCATION	221. DATE SIGNED AND 20820 SOUNT G STATE AR'S SIGNATURE

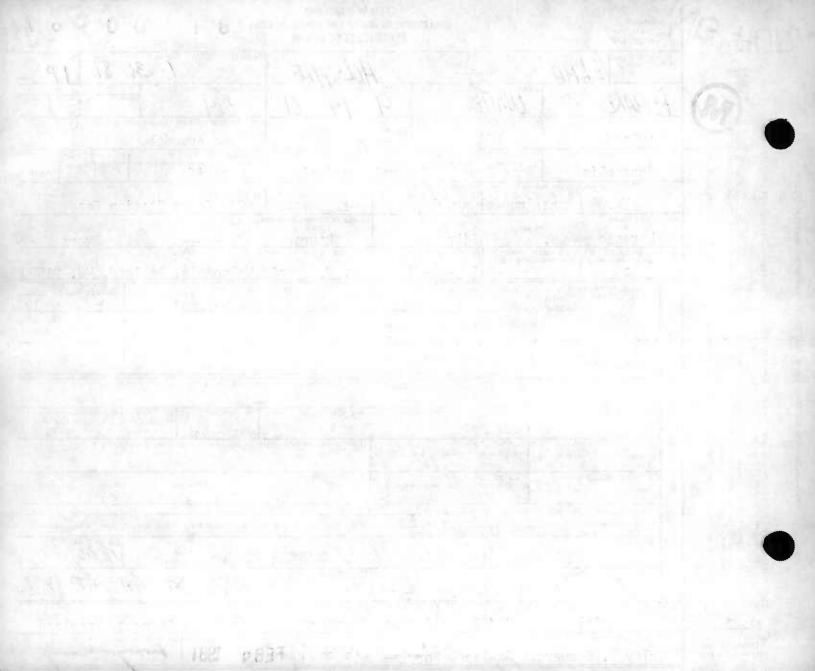
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1	FOR STATE REGISTRAR	DEPART	0 0	1 6 6 EST			
1. Di	ECEASED NAME FIRST	MIDDLE	LĀ.	CATE OF DEATH	REG. NO		YEAR 2b. HOUR
	PE OR PRINT) MARGA	ARET PAULINE	HOI	MES		Y 15, 1981	
3. SE		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR		M
	Female	White	Apri	1 15,1909	73	YRS. MONTHS	DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED WIDOWEL	NEVER MARRIED D	9 BALTIMORE CITY O ANNE ARUN	R COUNTY OF DEA	
10.0	LEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDEL	ING HOME OF	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O BOOKKEET	F WORKING LIFE) INDU	IND OF BUSINESS OR USTRY anking
13a. Ma	JAL RESIDENCE (IF NURSING HOME OF STATE AT A COU			13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 8437 Gaj	cland Ro	ad
	ATHER'S NAME John	A. Bull		Lil'Ty	WIDDLE	К	ohler
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? 166 SOCIAL SEC 215-30 213-28			ADDRE	es Jr.	Same as
		and ane cause per line far (a), (b), at ED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	JENCE OF	whi c	v D		2 herrs 2 eflars
CERTIFICATION	PART 2 OTHER SIGNIFICANT CV 19 190. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	he	meplezin	NAL DISEASE OR CONE	20b. IF YES, WERE F	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PA	ART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	0	21f LOCATION STREET	CITY OR TOV	150	NTY STATE
	220. I certify that (I) (the saw the deceased if the saw the deceased if the saw the deceased if the saw the s	ment alrended the deceased from		that in (my) (out) apinian d	eath occurred an the da	fe and havr and fra	
	Ole M. Kee		D.	ATTENDING PHYSICIAN	MEDICAL STAF	F /	16/81
	DR. RANDALL	MCLAUGHLIN MD.		3708 MOUNTAI	N RD. PASAD	DENA MARYL	AND 21122
L	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		_	metery or crematory aven Cem.		rnie, ANI	
	Raymond C. F	ink Glen Bi	urnie	Md . 250. DATE	AND BY 98981	256. REGISTRAR'S SH	GNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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2	1	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 0 6 9 CERTIFICATE OF DEATH REG. NO. REG. NO.									
		DECEASED NAME FIRST	MIOOLE	L	AST		DAY YEAR 26 HOUR				
	(1	PE OR PRINT)	ARD MELVIN	HU	TTON	JANUARY 7, 198	6:26 A				
M	3. 5	SEX AA .	4. RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
		Male	White	9	23 1910	70, YRS.	MUNITS DATS HOURS MIN.				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY!	MARRIED	NEVER MARRIED DI DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL					
rs after by the f filed wit	11	CITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDE	T ADDRESS)		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LI Wanerouseman	12b. KIND OF BUSINESS OR INDUSTRY				
AND 213	3 130			NN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Woods					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours attending physician. When this certificate has been signed by the othending physician and completely filled in by as the buriol-strain permit. Then please remove corbonopers. Pages 1 and 2 should be filled in an and Mental Hygiene prior to buriol, cremation, ar remaval.	C 14.	FATHER'S NAME William	MIDDLE Hutton		15. MOTHER'S MAIDEN NA	Katherine	Eckhandt				
TIMORE To on and control or and con	160		RMED FORCES? 166. SOCIAL SECTION 212-10-4		Gloria M. Fo	ADDRESS Osten same as 1	3				
", BALT ficate & ficate & popers popers paval. ent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or	nd (c).)	1, 0	COMPLA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ertiff ertiff bonp remo			TE CAUSE (0) gran	n V	ega hul	sepaceung					
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RES e de move trou		Conditions, if ony, which gove rise to immediate	(b)	mo	Last OF	1800000					
that the that the day the eose remonstrate of, creming of the contract of the		couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF	ic Porouin	En norone.					
equires equires in signed Then pli r to buri	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)				
he low re an. t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)				
VITAL AN: The hysicia ficate h fransit I Hygie	W W	210. ACCIDENT WAS UNDERLYING		AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P					
PHYSICIAN: anding phys this certifica e buriol-trar d Mental Hy d or Hem 18	1	OR CONTRIBUTING CAUSE OF DE	A1111	19							
SHYS andin this of d Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	EADM ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE				
DIVIS DING P or atter t e as the alth and	2	AT WORK NOT WHILE	(A) HOME, SINEET, PACTORY, OFFICE,	PARM, EIC							
NDDI S O O O O O O O O O O O O O O O O O O O			ital) attended the deceased from_	1-	19 81	, to	19.51 that (I) (ye) lost				
ATTE spirto CTO I for af h	30	sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body ofter death.	one.	d that in (my) (our) opinion	death occurred on the date and hou	r and from the causes stated				
the ho trached tached e Dept	1	22b. SIGNATURE	0		EGREE		THE DATE SIGNED				
AL THE					ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/8/				
TO HOSPITAL retained by the To FuneRal should be detined with the State MAPORTANT:		DALJIT S. S	AWHNEY, M.D.		205 BALTIM	ORE-ANNAPOLIS BOY	ILEVARD				
Z 5 - 1 2 3 ₹	230	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE				
BP		Burial	1/9/1981 9	Len Ha	ven Mem. Park	Glen Burnie	Anne Agundal Ma				
DHMH-16 30M 2/80	4.	FUNERAL DIRECTOR	ADDRESS	Pasade	na, Md. 258. DAT	E REC'D BY BEGISTRAR IN 1815	MES HAW Desidy				
(VRA 15, 4)	M	c (ully t.H. Mour	rtain & Tick Nec	k Rds.	21122 JA	M T 7 1901					

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No ulty Funeral Home, 130 E. Fortes Ne. Balto. Md.

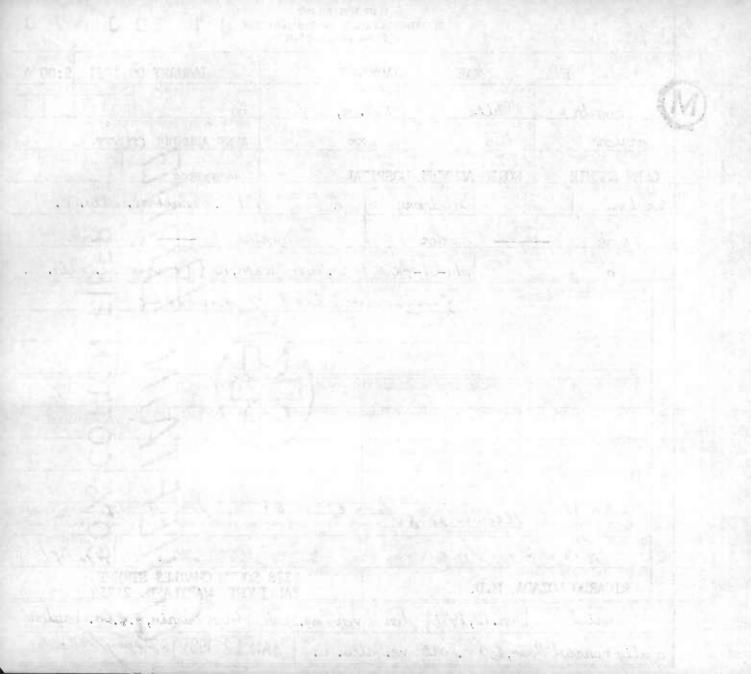
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DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



5

1		FOR	DEPARTI		OF MARYLAND EALTH AND MENTAL HY	GIENE S I O	0 1	7 1
10	1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	0 1	EST
- 1		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	{TYPE	OR PRINT) ALICE	ADELIA	JA	RRELL	JANUARY 31, 1	981	9:56 M
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Caucasian	Oct		64 YRS.	MONTHS DATS	HOURS MIN.
000	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	OF DEATH	THE HE
2	V	irginia	USA	WIDOWE	D DIVORCED	ANNE ARUNDEL	COUNTY	, MD.
Ci	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI		F BUSINESS OR
14		LEN BURNIE	NORTH ARUNDEL	HOSPI	TAL	Housewife	Own	Home
26	130. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
29			AA Glen Bu	rnie	YES NO	405 Magnolia	Road	S.W.
2	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WIDDIE	LAS	iT.
oll,		N/A	<u> </u>			N/A		5 4-2-
			VE WAR OR DATES)		17. INFORMANT	ADDRESS		
		No		4122	George H.	Jarrell, Husbar		
40		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one D BY:	d(c).)	1. 1.	Wel men	BETWEEN	ONSET AND DEATH
6.5		I IMMEDIAT	TE CAUSE (a)	20 0	- curus	0 4		
	16	3/84	DUE TO, OR AS A CONSEQUE	ENCE OF	20416 -	of rest -	10	
		Conditions, if Eny, which gove rise to immediate	(b) 031	017	Penick	ice pin 41 one	\rightarrow	
93	1	couse (a), stating the underlying couse last.	DUE TO, OR AS ACONSEQUE	ENCEOF	Vulmo	MALY Ede	me-	
	1	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1//	0.1
	NO	11	× & MXC	rea	when 10	Lunetun	ETT BY FART TO	
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? 20b. IEYE	S, WERE FINDIN	VGS USED
oli	TIFE					YES NO YE	YING CAUSES	NO [
0	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEA	AIH	19				
1	AEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
- 1	<	AT WORK NOT WHILE AT WORK						
4			ital attended the deceased from_	C-/	26 1981		19	that (I) (we) ast
		above, (I) (we) did) (did no	1 - 3 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19			death accurred on the date and hou		
		22b. SIGNATURE	/S(01111-		DEGREE ATTENDING	MEDICAL _ STAFF _	22c. DATE	SIGNED
	46	22d. PHYSICIAN'S NAME (TYPE O	TO COUNTY		PHYSICIAN (DIRECTOR PHYSICIAN	1- /	- /
		226. PHYSICIAN'S NAME (TYPE C	JRPRINT) / 5/201-1	mal		Baltimore-Annapol		
1	0.2	69 49	100	-(-7 -)		Burnie, Maryland	21061	
		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24 FI	Burial JNERAL DIRECTOR			ridge Mem.	Pk. Elkridge. IE REC'D. BY REGISTRAR 256. REGIS	Howar	d Md.
	J	ames S. Kirk	lev.Glen Bur	nie	250. [2.4]	B 2 1064	RAKSSIGNAT	OKE STORY S
	J "	WINDE D. TETT IF.				W IJO II	THE PERSON NAMED IN	15 a. 15. "

Sturie . Low - continued X . . . theory and the control of the - - 579-07-4122 George b. Jammall, hurband, same wa Sant Butter of the same CARL THE STATE OF THE PARTY OF Aurial & Sh. St. Mer. J. Hey. Ik. Elkridge, No. 19. common . Xirkley, Description

F.H.Mtn. & Tick Neck Rds. Pasadena, Md.

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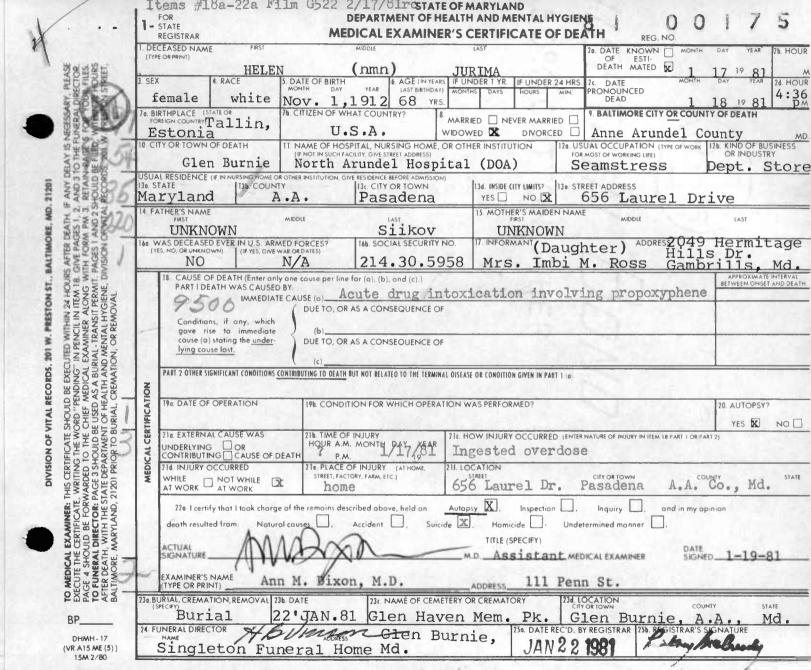
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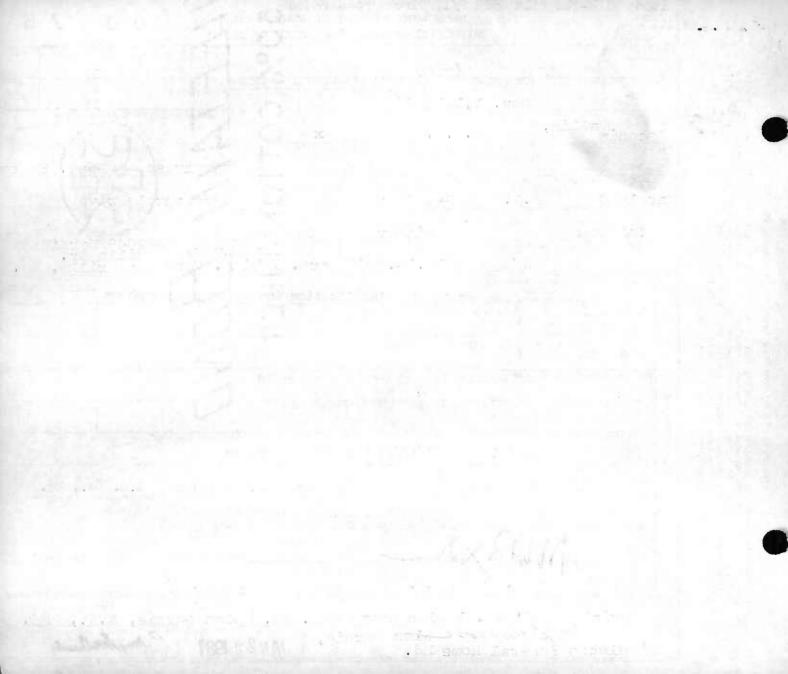
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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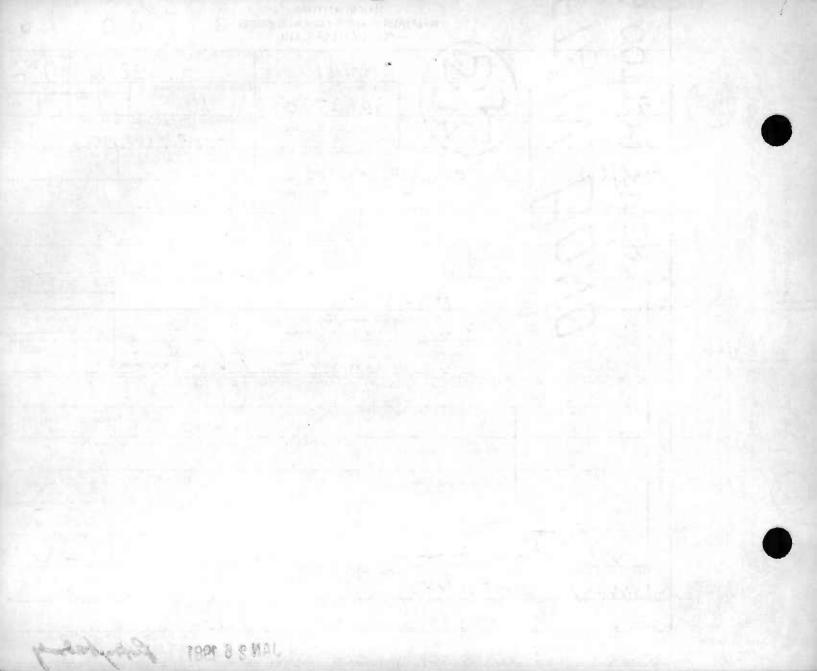
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温期力	REGISTRAR			AL EXAMINI	R'S CER	RTIFIC	ATE OF	DEATH	REG. N	10.			
	DECEASED NAME TYPE OR PRINT!	Sam	L	LE	LAST	John	son	OF	KNOWN ESTI- MATED			9 81	2b HOUR
3. S	male	black	April 6,19		MONTHS		HOURS M		INCED	MONTH	2	YEAR 81	2d HOUR 9:50
7 70.	BIRTHPLACE (ST. FOREIGN COUNTRY) Washin	gton, D.C.	76. CITIZEN OF WHAT CO	OUNTRY?	MARRIED		R MARRIED DIVORCED		morecity ne Aru	_			PM
	Glen Bu	ırnie	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, C NOrth Aru	ndel Hosp	ital	NSTITUTION		o USUAL OCC FORMOST OF WO	UPATION (TY		12b. KINE OR I		INESS
13a	STATE Md.	13b COUNT	OTHER INSTITUTION, GIVE RESID Y 13c.	ENCE BEFORE ADMISSION CITY OR TOWN Gambrills	13d.	. INSIDE CITY		e. STREET ADDI		Ct.			
14.	FATHER'S NAME		WIDDLE	LAST	15	MOTHER'	SMAIDEN		MIDDLE		o generalization of	SY	
)	Sam		Levy	Johnson	Sr.	Bea	atrice				Pende		t
	WAS DECEASED {YES, NO, OR UNKNOW YES	EVER IN U.S. ARM VN) (IF YES, GIVE W 56-7	AR OR DATES)	-48-5567		Judi t		ne John	ADDRESS SON	S	me as		
N	gave rise couse (a) : lying cous		(b)			CONDITION G	IVEN IN PART 1	la.				1	
CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITION F	OR WHICH OPERA	TION WAS P	PERFORMI	ED?					TOPSY?	[
CAL CERT	210. EXTERNAL UNDERLYING CONTRIBUTION		21b. TIME OF INJUI HOUR A.M. MON		21c. HOW I	INJURY O	CCURRED (ENTER NATURE OF II	NJURY IN ITEM 18	PART I OR P.		s X _]	NO 🗌
MEDICAL	21d INJURY OF WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE OF INJ STREET, FACTORY, FA		211. LOCAT STREET			CITY OR TO	OWN	cc	NIND		STATE
	220. I certify death resulted	1 1	af the remains described causes XX. Accid			Hamicid TITLE (SPE		Inquiry Jodetermined of	nanner .	DATE SIGN	1/3	3/81	
2	EXAMINER'S N	IAME Hor	nez R. Guard	l,M.D.	ADD	RESS_1	11 Per	ın Stree)1	
23a.	BURIAL, CREMAT	ON, REMOVAL 23	b. DATE	3c. NAME OF CEM			Υ 2	3d. LOCATION		çou	ути	STAT	E
1	Buria		/6/81	Chelter	- ham	IA Ce	m.	Che	Henh	Ann	10/		
-	funeral direct		ADDRESS Home 12 Rids	zelv AVAn	n Md.	2.14	JAN	6 1981	AR 235 RE	fay,	hely	eody	

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9	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTA		8 I	0	0 1	7 6
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1(m)	3. SE		14 RACE CZU	C	5 DATE C	25 OF	AR	E (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN.
1 39	Ba	RTHPLACE ISTATE OR FOREIGN DUNTRY) Ltimore, Md	US		MARRIE			Anne	Aruni	DEL	MD
ours ofter in by the f is filed with	A	ITY OR TOWN OF DEATH	(IF NOT IN SU	OR AYUY	DYL GO	eneval	(TYPE (SUAL ÓCCUPATION WORK FOR MOST OF WORK FOR MOST OF USEWIFE		126 KIND OF INDUSTRY	BUSINESS OR
y filled should be	130. 3	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	INTY	13c. CITY OR TO Annapol	WN	13d INSIDE CITY LIM YES X NO	10:	REET ADDRESS 3 Hearne	Rd.	12	
omplete		ATHER'S NAME Rudolph	MIDDLE	Dolle		Amelia	JEN NAME	MIDDLE		le LAST	
ficate be execution and copysicion a		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213 30	9736	Margaret	Kroege				21035
ires that the death certif gned by the attending pl n please remove carbon bunal, cremation, or rem ry, or other traumatic eve		PART I, DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause ia, stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, C	DR AS A CONSEO DR AS A CONSEO DR AS A CONSEO CONTRIBUTING TO	UENCE/OF	mlolur mylbb NOT RELATED TO TH	- No	by y	Lemiac DITION GIVEN	IN PART 1(a)	
The low requicion. It has been single the prior to shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES O	GS USED OF DEATH?
HYSICIAN: The Inding physicion. is certificate has burial-transit pe Mental Hygiene Mental Hygiene		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY C		L			
DING PHYSICIAN: or ottending phys After this certifica te os the buriol-tra olth and Mental thy marked or Item 18	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF AT WORK		OF INJURY TREET, FACTORY, OFFICE	:, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW		COUNTY	STATE
TTEN pitol TOR. for us of He		220. I certify that (I) (this hasp saw the deceased alive a above, (I) (pe) (did) alid 22b. SIGNATURE	1/21	18/ 19	, ar	nd that in (my) (aur) o	pinion death o		8 1 , 19 ate and hour on		
HOSPITAL OR A ned by the hosy the hosy old be detached the Store Dept.		22d. PHYSICIAN'S NAME (TYPE	MW OR PRINT!	h -		4775.10	DING MED	OICAL STAF		1/2	2/8/
TO HOSPITAL (retained by the TO FUNERAL Is should be dead to with the State I IMPORTANT: If	22n t	STANUET BURIAL, CREMATION, REMOVA	WAT	KINS	NAME OF C	EMETERY OR CREMA	TORY 1224	LOCATION			
BP	(orial, cremation, remova specify) urial	1-24-		orrain			al timore		UNTY	STATE
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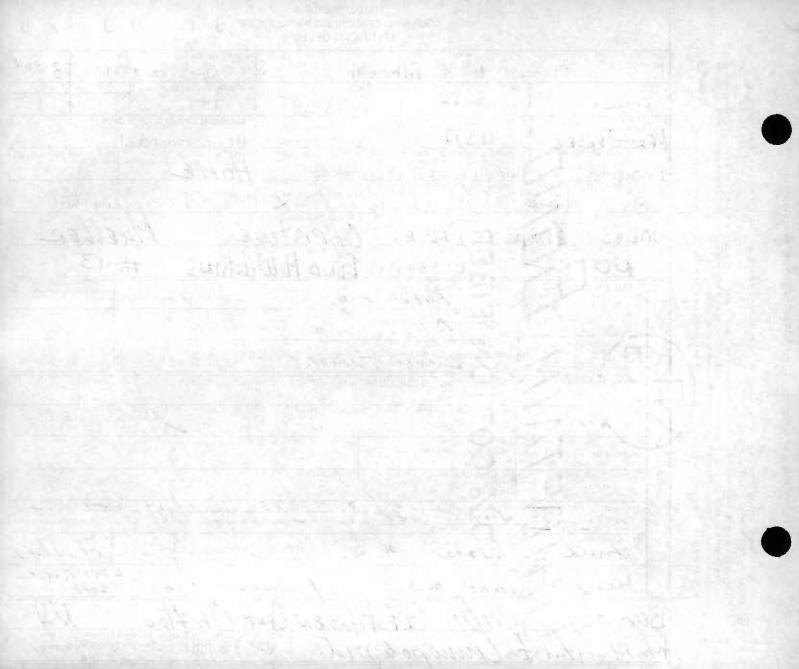


poge 3		CEASED NAME FIRST		MIDDLE							
6 00		WILL	IAM	C.		BROW	26. DATE OF DEATH	1	17	81	26. HOUR 9: 20 A
1 0 0	3 SE)	MALE	4. RACE NEG	RO	S. DATE C	pt. °12 1912	6. AGE (IN YEARS LAST BIR)		IF UNDER	DAYS	IF UNDER 24 HRS
neral direct n 72 hours		RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	DINORCED DINORCED	9 BALTIMORE CITY OF ANNE ARUNI	_			M
s offer a		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING THEACILITY, GIVE STREET A Lay Stree	DDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C			CIND OF	F BUSINESS O
filled in nould be family that he was the second be seco	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	19e STREET ADDRESS 192 Clay	Stree	et		
and 2 st	14. FA	CALVIN	WIDDLE	KIMBRO		15. MOTHER'S MAIDEN NA/ BLAN CHE	ME MIDDLE			(IME	BROW
be execut on and co i. Pages 1			RMED FORCES? VE WAR OR DATES)	403-10-4		CARRIE KIMBE	ADDRI		Anna	nol	is. Md
rtificate b physicia anpapers. emaval. event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY: ATE CAUSE (o)	line for (a), (b), and CHRONIC L	YMPHA	GTIC LEUKEMIA			BE	APPROXIA TWEEN O	MATE INTERVAL DISSET AND DEATH
ow requires that the deat been signed by the atter rmit. Then please remove or prior to burial, cremotion, any injury, ar ather traum	CERTIFICATION	couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	CONDITIONS CO		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	T20b. IF YES	, WERE	FINDIN	GS USED OF DEATH?
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OR ATTENE he haspital of DIRECTOR: ached far us Dept. af Hee		220.1 certify that (I) (this has sow the deceased alive a obove, (I) (we) (did) (did of 22b. SIGNATURE			, or	, 19 d that in (my) (our) opinion of DEGREE ATTENDINGO PHYSICIANY	, to	ote and hou	r and fro	DATE S	that (I) (we) los couses stated SIGNED 7-1981
TO HOSPITAL retained by the TO FUNERAL should be defined with the State IMPORTANT:		CHARLES W. K			-	17 Murray A			1.		
or or see a		BURIAL, CREMATION, REMOVA BURIAL	1-21-			EMETERY OR CREMATORY ILL CEMETERY	23d LOCATION CITY OF TOWN Brookly	1	COUNTY	May	STATE vland
											THE RESERVE

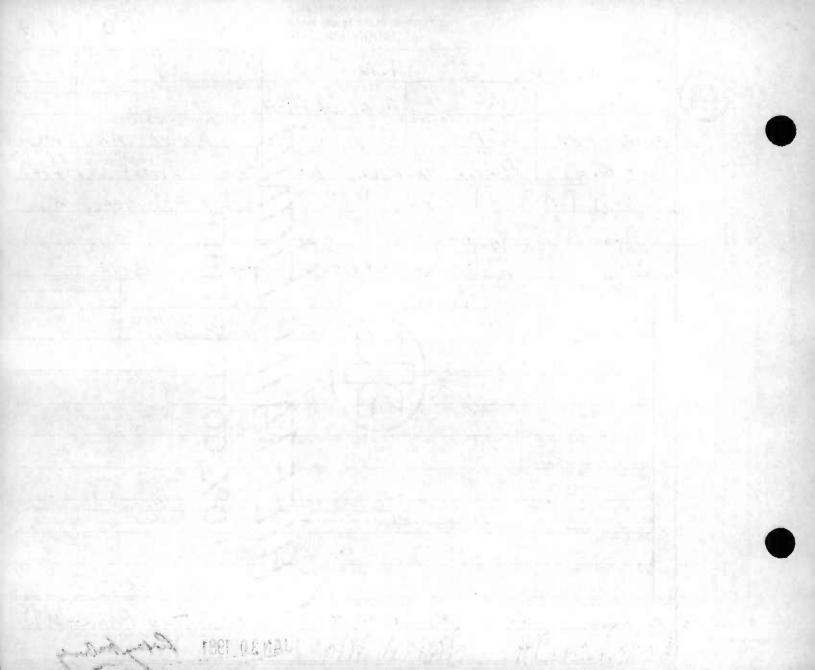
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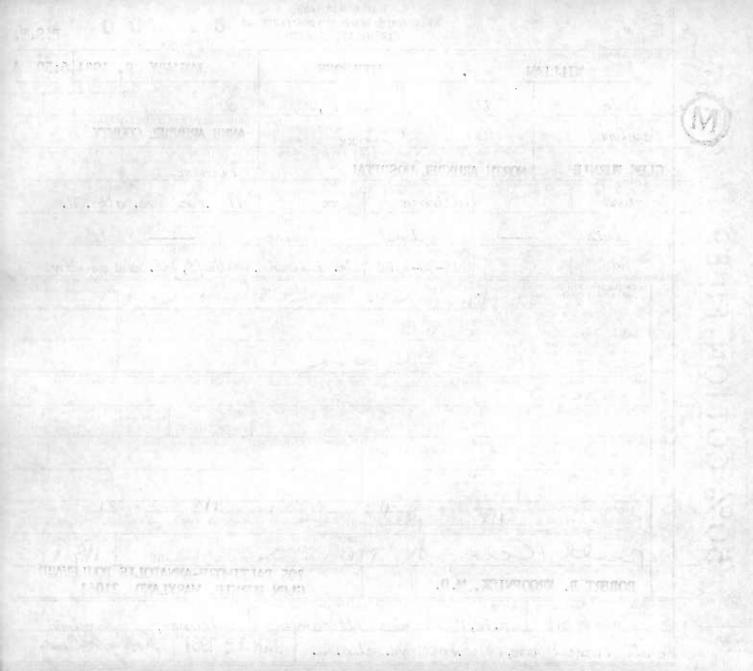
1						STATE OF MARTLAND		
			1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	•	00178
			1 DEC	CEASED NAME FIRST	WIDDLE	. IAST	REG. NO. 120. DATE OF DEATH MONTH	DAY YEAR TO HOLIP
	e de la pe			OR PRINT)			Jan. 14,	
	à la la		3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	9 4 4			Female	white	MONTH 9 - 25-05	74	MONTHS DAYS HOURS MIN.
	Pog.	je wa	7a BI	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COL	INTY OF DEATH
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5	by the filed with	53	^	TY OR TOWN OF DEATH	Anne Arundel	ADDRESS) GEO. HOSO.	12g. UNUAL OCCUPATION (TEPEDE WORK FOR MOST OF WORK)	12b, KIND OF BUSINESS OR INDUSTRY
212	4 hours	2	USUA		OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13e. STREET ADDRESS	
AND	f = 2	50		Md. A.A	. Davidson	ville YES NO X	690 Dix	covery Rd.
IARYI	ed withir	172	TA	THER'S NAME FIRST	MIDDLE DOLLAST &	15. MOTHER'S MAIDEN NA	ME MIDDLE	145/150
E, A		2 3-2- Cl	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO. 12 INFORMANT	ADDRESS	14 CUNKA
IMOR	oe exec	medical	()		EWAR OR DATES) 063-03-	1 1 1.	iLKINS	# 13
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5, 201	igned gned en pled burio	, ,	7	PART 2. OTHER SIGNIFICANT C	101	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a
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N ×	7 % 001 0	0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITER	A 18 PART I OR PART 2)
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DIVISION OF	Offendi offendi ter this s the bu		MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
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	R ATTEND hospital a IRECTOR: A hed for use ept. of Heal	7		saw the deceased alive an abave, (I) (we) (did) (did no		, and that in (my) (see) apinion	death accurred an the date and	hour and fram the causes stated
	At Sag			22b. SIGNATURE	6	DEGREE	MEDICAL CTAFF	27c. DATE SIGNED
	RAL DI rote De			worker E	· (come		MEDICAL STAFF DIRECTOR PHYSICIAN	1/14/01
	TO HOSPITAL retained by t TO FUNERAL should be det with the State			22d. PHYSICIAN'S NAME ITYPE O	ROANE M.D	220 ADDRESS	VILLE ROAD	WATRIVER
	refoi shou		73a_B	URIAL, CREMATION, REMOVAL	(0.7)	NAME OF CEMPTERY OR CREMATORY	11734 LOCATION AL	20181
	BP		15	WEIAL .	11/17/81 14	PESTHAVEN (AM	the How	COUNTY
	DHMH- 16 30M 2/80	-	I FU	PERAL DIRECTOR	ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 256. DE	GISTRAR'S SIGNATURE V
	(VRA 15, 4)	1	pr	m/M. Jufx	ors (autopo	u ma.	INT A 1301	



- 1		STATE OF MARYLAND		
	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	017
	ECEASED NAME PE OR PRINT) HUGO	E KNIGHT	20. DATE OF DEATH MONTH DAY	81 02,20P
M)	Male RACE	5. DATE OF BIRTH MONTH AUG. 24 192		UNDER 1 YEAR IF UNDER 24 HR
35	SIRTHPLACE (STATE OR FOREIGN TO CITIZEN COUNTRY) MARY LAND US	OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF	ARUNDEC
546	LEN BURNIE NON	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I SUCH FACILITY, GIVE STREET ADDRESS) RTH HRUNDEL HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TRUCK R VER	12b. KIND OF BUSINESS CHINDUSTRY SEL
35 130	MD 13b. COUNTY	13d. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3567 FT. M	EADE RD
14. I	DENNIS MIDDLE	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
o lea	WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE)		HOOD ABO	VE
event, the	18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TODAY AND CARCINA	ma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
froumotic	100	O, OR AS A CONSEQUENCE OF MITALTATE	i Carcinoma	
or other	underlying couse lost. (c)	O, OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	White District on country of the	INI DADY I
8 shows ony injury.		NDITION FOR WHICH OPERATION WAS PERFORMED	20g. AUTOPSY? 20b. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?
_		E OF INJURY A.M. MONTH DAY YEAR P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART	
orked or Item	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	CE OF INJURY E. STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is me	obove, (I) (we) (did) (did not) view the bi	ody ofter death. 19 and that in (my) (see) opinion	n death occurred on the date and hour or	
Z =	226. SIGNATURE	Hury M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	274 DATE SIGNED
IMPORTANT	22d. PHYSICIAN'S NAME (TYPE OR PRINT) KUANG-1/EN	HUANG BON	Seloun Ho	spital
230	BURIAL, CREMATION, REMOVAL 23b. DATE SURVEY JAN	23 1981 CENAR HILLEM.	BROOFELIN P	BUNTY ARKAMINAL
80	ON THE STATE OF TH	Lastan Mg Ja	ATE REC'D. BY REGISTRAR 251 GISTRA N.3.0 1981	R'S SIGNATURE



,	0	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3	0	0 1	Bs.P.
to			CEASED NAME FIRST WILLIA	М	A.		AST HLHOFF	20. DATE OF DEATH JANU	ARY 9,		6:30 A
		SEX		4 RACE Whi		5. DATE C	of BIRTH 13, 1900	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
M	4	16	RTHPLACE (STATE OR FOREIGN OUNTRY) and		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O ANNE ARUN	R COUNTY O		MD.
	4		EN BURNIE	A IF NOT IN SE	HOSPITAL, NURSING CHEACILITY, GIVE STREET ARUNDEL HO	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF			BUSINESS OR
and be f	5	139 S	IL RESIDENCE (IF NURSING HOMEOI TATE Tyland	OTHER INSTITUTIO		ADMISSION)		130 STREET ADDRESS	Ave.B	alto.Md	<i>l</i> .
1 and 2 sh	00	4. FA	THER'S NAME LOWIS -	MIDDLE	Kohth	off	15. MOTHER'S MAIDEN NAM	ME		Smith	
Pages 1	2		AS DECEASED EVER IN U.S. AR	MED FORCES? VE WAR OR DATES}	215-30-4	312	Mr. William A	ADDRE 1. Kohlhoff, 3		e as ab	ove
in signed by the attendi Then please remove car it to burial, crematian, ar injury, or other troumati		NO	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT	(b)_ DUE TO, (c)_	DRAS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI	IN AL DISEASE OR CONI	DITION GIVEN	V IN PART 1(0)	
ransit permit. I Hygiene prior 18 shows any ii	7	CERTIFICATION	19a. DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO		YES NO	IN CERTIFYII YES		SS USED OF DEATH? NO
entol		MEDICAL CEI	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	ATH HOUR A	P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	ty IN ITEM 18 PART	î i Orparî 2)	
as the buri th and Mer	1	WED	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK		TREET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
for use of Heoli n 21 is ma			22a. I certify that (I) (this hasp saw the deceased alive or abave, (I) (we) (did) (the ac				nd that in (my) (oor) opinion o	death occurred on the de	, 19 ate and hour o		ot (I) (we) lost
RAL DIREC e detoched Stote Dept. NT: If Hem			22d. PHYSICIAN'S NAME (TYPE	Cu	age	1		MEDICAL STAI	IAN 🗌	22c. DATE SI	GNED
should be deto with the Stote IMPORTANT: If	1		ROBERT B. KR	OOPNICK			^	ALTIMORE-AND BURNIE, MAR	100 000 00 000 000	21061	VARD
		(:	urial, cremation, removal Entombinent	236. DATE Jan. 1.	2 1001 6	edan /	emetery or crematory	23d. LOCATION CITY OF TOWN Baltimore	le,	COUNTY	and
30M 2/80 15, 4)			NERAL DIRECTOR WITH Funeral H	ome, 130	E. FORTESS A	ve.Ba	lto.Md. SAT	NEGO BY REGISTAR	256 10001	y/hel	isoly



FOR

REGISTRAR

- STATE

17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife own home 13e STREET ADDRESS 504 Delaware Avenue Doxzen 4706 Grindon Mrs. Dorothy M. Pierpont Ave., Balt APPROXIMATE INTERVAL TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated CITY OR TOWN STATE JAN. Buria. LOUDON PARK CEM. MD. Baltimara-24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. Glen Burnie, DHMH-16 30M 2/80 (VRA 15, 4) Singleton Funeral Home Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	0 0 1	0 2
	DECEASED NAME FIRST STE STE	EPHEN	AIDDLE		ROWSKI	JANUARY 10, 19	DAY YEAR	26. HOUR EST 10:27 A
3. S	Male	4. RACE White		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 75 YR	MONTHS DAYS	IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts	U.S.		MARRIE		9. BALTIMORE CITY OR COUNTY ANNE ARUNDE		MD.
	GLEN BURNIE	(IF NOT IN SUC NC	RTH ARUNI	DEL HO	OR OTHER INSTITUTION OSPITAL	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN		Steels or Mfg.
130	Maryland An	ME OR OTHER INSTITUTION OUNTY Ne Arunde	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?		le Tree I side Beac	
14.	FATHER'S NAME FIRST UNKN	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	unknown	LA	AST
160		S. GIVE WAR OR DATES) W II	131-07-0		Nora Lee Eby	ADDRESS 7 - same as 13 a	bcde	
	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O DUE TO, O DUE TO, O Colored To	AS A CONSEQUE RAS A CONSEQUE CLENTE	INCE OF	yourselves trobuler complete vendrices	I respectively A-V glore MINAL DISEASE ST CONDITION	ni K	KIMATE INTERVAL ONSET AND DEATH
RTIFICATION		penten	sien!	01	PBBB E N WAS PERFORMED	200. AUTOPSY? 200. IF	YES, WERE FINDI	(INGS USED
1 2	71a ACCIDENT WAS UNDERLYING	S T THE TIME O	E BUILDRY		131: HOW INTERVOLCIE	SED TEMP AND SOURCE OF THE	OF PART LOSS WART TO	***

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

AT WORK

HOUR A.M. DAY P.M.

19 (AT HOME STREET FACTORY OFFICE FARM ETC.)

III. LOCATION

CITY OF FOWN

COUPEY

MATE

sow the deceosed olive an ______ ve, (!) (we) (did) (did nat) view

214 INJURY OCCURRED

MEDICAL

220.1 certify that (1) (this hospital) attended the deceased fram the body ofter death.

TIE PLACE OF INJURY

ATTENDING PHYSICIAN

that (1) (we) last

and that in (my) (our) opinion death accurred on the date and have and fram the causes stated DEGREE IZ. DATE

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

2d. PHYSIC AN'S NAME ITYPE OF PRINT) BENJAMIN A. de GUZMAN, M.D. 22e. ADDRESS HOSPITAL DRIVE, #108

21061 BURNIE, MARYLAND GLEN

23b. DATE 1/13/81 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

231. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

23d LOCATION
CITY OR TOWN
Marion

COUNTY Somerset Md.

24 FUNERAL DIRECTOR
NAME Bradshaw & Sons

ADDRESS Crisfield, Md.

250. DATE REC'D. BY REGISTRAR 254 GISTRAR'S IGN

BP.

the state of the same motion of Informations of history Model Building 100 - 101 the note my grangly of stayling others a least had for more good ante Charles Land to the the of home Survey - S. A. B. B. S. S. S. H. J. Co. P.D. 1/4/81 Samet A Ward 100 18/4/1 18 1 may 18 8 may 10 01 may 1/13/1 (35. 10 to the state of the · Teaming toes of the land will be become

6	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H	YGIENE 8 REG. NO.	00183
ge 3		CEASED NAME FIRST	s middle	Lambrose	20. DATE OF DEATH MONTH	1 9 9 955 D. M.
oge 4 may be Kretpor, page 3 uns, phendeoth	3. SE	×	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 13	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. RS.
nerol dir.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OF COL	
s ofter d by the fu iled withi	10 C	NNADO 115	11. NAME OF HOSPITAL, NUI	RSING HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
24 hour filled in bould be filled in the must be filled in the filled in	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU		EFORE ADMISSION)	13e. STREET ADDRESS	evo Rd.
MARYLA maletely ond 2 sh	14. F	ATHER'S NAME NATIACE	MIDDLE Thomas	KINS LINE MADENT	NAME MIDDLE	Collison
MORE, In ond colleges 1		VAS DECEASED EVER IN U.S. AI YES, NO 91 UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIALS	0-0887 HOTOIRIN A	FLUND 2400	buty RD.
fr., BALTI		PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b ED BY: TE CAUSE (o) Cayo	lor -0: lung wery	arrect	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON SI eath cert tending re corbai on, ar re-		Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF PLAN	lation	
W. PRE not the d by the or sse remoti		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE		artery duce	se
RDS, 201 requires the signed Then plea to buriol nijury, or a	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requi to thending physicion. After this certificate has been sig os the bunol-transit permit. They th and Mental Hygiene prior to the ord Mental B shows any injur orked or them 18 shows any injur	CERTIFICATION	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUT 00 SY? 20b. 1	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO N
DN OF VITA PYSICIAN: TI ding physicia s certificate buriol-tronsi Mental Hygin in flem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITE	a 18, PART 1 OR PART 2)
VISION O OPHYSIC Optending er this cert s the burion on and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCATION	CITY OR TOWN	COUNTY STATE
No - Seal			ital) attended the deceased fro		on death accurred on the date and	hour and from the couses stated
at OR ATTEI the hospiro at DIRECTO etached for the Dept. of H.		DALL WILL	Fred to	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
OSPITA ed by UNER UNER d be d he Sto		276 PHYSICIAN'S NAME (TYPE	ORPAINT) N. FUE	1 220 ADDRESS F	prest Dr.	Annovolis, x
BP Should be with 19	23a.	BURIAL CREMATION, REMOVAL	23b. DATA	MAYO MEMORIA	734 10Callan	AMA MA
DHMH-16 30M 2/80 (VRA 15, 4)	21 F	UNERAL DIRECTOR	White CON SOORE		JAN 1 2 1981	GURAGES SIGNATURE
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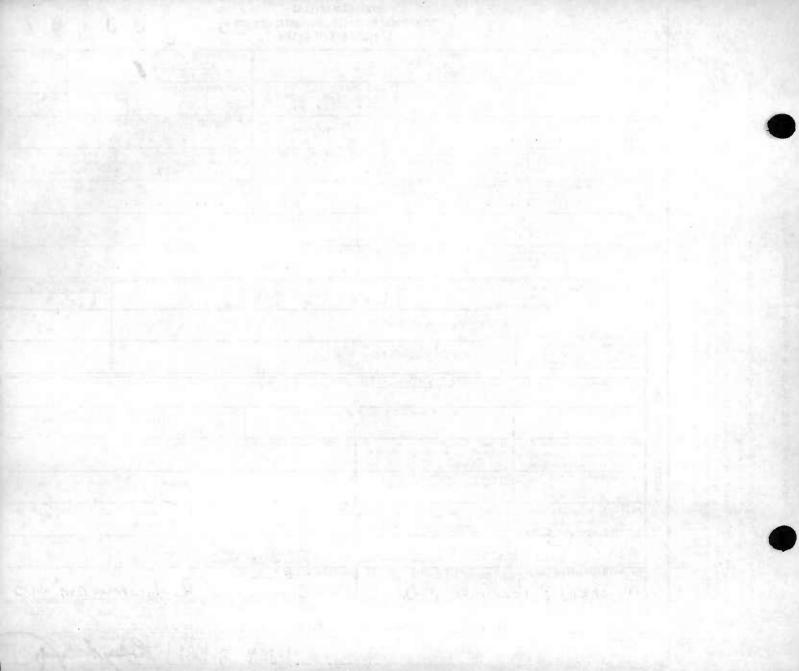
	REGISTRAR CEASED NAME	FIRST	M	MIDDLE	EXAMINE	R'S C	ERTIFIC AST	ATEO	F DEAT	DATE K	REG. N		H DA	Y YEAR	2b HOUI
11 (17	PE OR PRINT)	Thom		E.		lane,		-0		OF	MATED [-	27	19 81	
ma ma	x 11e	white	5. DATE OF BIRT	5 37	6. AGE (IN YEAR LAST BIRTHDAY 43 YRS	MONTHS		HOURS		DATE RONOUNG DEAD	CED	nonth	27	Y YEAR 19 81	10 34
F	SIRTHPLACE (ST OREIGN COUNTRY) Marylan		76. CITIZEN OF			MARRIE	D X NEV	ER MARRI	ED 🔲	Anne	e Aru	_			AM
1 0	lity or fown of	nie	11. NAME OF H	OSPITAL, NU FACILITY, GIVE S Arund	lel Hosp	ital	R INSTITUT	ION	FOR MO	LOCCUPA STOFWORK Maci	ING LIFEI	PE OF WOR	La	wson harma	&Sons
13a_S	AL RESIDENCE (STATE Laryland	13b. COUN A.A.		. GIVE RESIDENCE	BEFORE ADMISSION OR TOWN	1	3d. INSIDE (II	IY LIMITS?	13e. STREE 458	t ADDRES King	s wood	Road		2109	O'um,Md
14. F	Thomas		MIDDLE E .		LAST		15. MOTHE		N NAME	MID	DIE		ħ.	LAST	
160.				16b. SOC	ane, Sr CIAL SECURITY -34-996	NO.	A1 7. INFORM Mari	ANT	Lane	E, 458	ADDRES		thi	Seligoum, oad 2	Md.
	gave ris	is, if ony, which e to immediate stating the <u>under-</u> se last.	(b)	OR AS A CON	ISEQUENCE OF			-		33					
NO.	PART 2 OTHER SIG	SNIFICANT CONDITIONS	(c)	TH BUT NOT RELA	ITEO TO THE TERMIN	AL OISEASE (OR CONDITION	GIVEN IN PAR	Ť 1 (s),						
THICATION	PART 2 OTHER SIG				ITEO TO THE TERMIN				Ť 1 (a).				20	AUTOPSY YES X	
ICAL CERTIFICATION	19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTION	OPERATION L CAUSE WAS OR IG CAUSE OF	21b. TIME HQUR A	OF INJURY	EST.	TION WA	S PERFORM	AED?	O (ENTER NA	TURE OF IMJUI	RY IN ITEM 18	B PART 1 OR		AUTOPSY YES 🖔	, мо 🗆
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MEDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK	CAUSE WAS OR GOCAUSE OF CCURRED NOT WHILE AT WORK y that I took charge	21b. TIME HQUR A DEATH P	OF INJURY .M. MONTH .M. E OF INJURY ACTORY, FARM, E described abo Accident	EST. EST. 20/8/FAR (AT HOME. TC.)	21c. HO	S PERFORA W INJURY Self ATION PRET KNOWN Hamici (SE	OCCURRED induc Inspection de PECIFY	ed (Inquiry (N anner ,		PART 2)	YES 🛣	NO STATE
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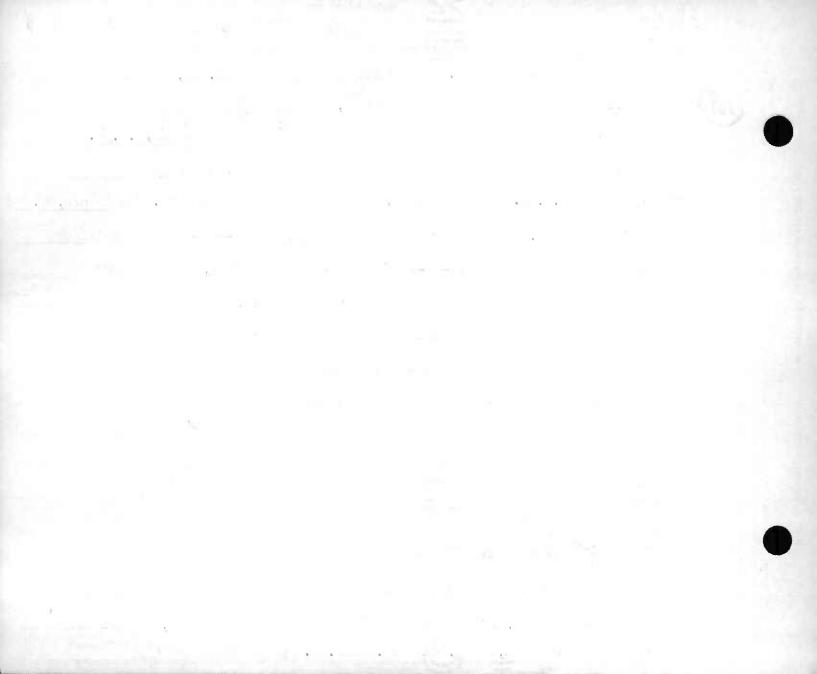
	1 -	STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYG CICATE OF DEATH	REG. NO.	0018
		CEASED NAME FIRST ET	nma MIDDLE VIO	la LE	LEGG G	January (/)	28 8 4 26. HOU
	SEX	Female	RACE White	S. DATE C	F BIRTH 8, 1891	6. AGE (IN YEARS LAST BIRTHDAY) 89 YR	IFUNDER I YEAR IF UNDER MONTHS DAYS HOURS
34	C	Maryland	VB. CITIZEN OF WHAT COUNTR USA	WIDOW		9. BALTIMORE CITY OR COUL	NTY OF DEATH
100	1	Annapolis	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	rdol	Sea-Hosy	17g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Wife	izb. KIND OF BUSINE INDUSTRY Home
35	la S Ma			NWC	13d INSIDE CITY LIMITS? YES MO	108 Edelmar D	rive
10×2		James Clen	dening Pipp		15. MOTHER'S MAIDEN NA Cora	WIDDLE	Lane
a medica		'AS DECEASED EVER IN U.S. ARA es, no or unknown) (if yes, give	MED FORCES? 166. SOCIAL SE 214-74		Mrs. Frances	L. Wilmer, Anna	Edelmar Drivapolis, Md. 2
injury, ar ather tro	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEC	DUENCE OF WOOD BEATH BUT	clevoss.	INAL DISEASE OR CONDITION (Long Star
8 shaws any injur	K IIICA	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO		YES NO NO IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO
d or frem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
narked o		WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TOWN	COUNTY SI
m 21 is n		22a. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did not	Ken 2 7 19	81		death occurred on the date and l	*
ANT. #		226. SIGNATURE RODULE 22d. PHYSICIAN'S NAME (Type OR	G. Bint	ull.	MO ATTENDING PHYSICIAN Z	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan. 28, 19
IMPORTANT		Rodney L. Brin			Annapolis,		
	(5	URIAL, CREMATION, REMOVAL Burial	Jan.30,1981		emetery or crematory erfield	23d. LOCATION CITY OF TOWN Centreville,	Q.A.Co., Md
30 24	Ja	NERAL DIRECTOR Barton ames H. Barton.	Bros. Jr., Centrevi	lle. Mo	25a. DAT	FEB 3 REGISTER 250. REG	HETEAR SOUTHATURE

Last in o non e is to be a few aver demanded to 1 a long a community of the contract of the c Ale-10-10-2 per la model in teller, compare von Soft-el-Pla 1981, 13. Am. 1981 Somey as welling as the the police of . Kla., Olive, J. S. West, E. E. VELLE . PROPERTY OF A PROPERTY

20	1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 0	1	8 /
		CEASED NAME FIRST E OR PRINT) Ethel		uth		nrman	20. DATE OF DEATH	NONTH DAY	YEAR	2b. HOUR
do do	3. SE:	female	4. RACE white		5. DATE (5 BIRTH 27, 1917 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS	IF UNDER 24 HRS. HOURS MIN.
eath. Page		IRTHPLACE ISTATE OR FOREIGN COUNTRY) Lincoln Co. W.		WHAT COUNTRY?	B. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Anne Arun	R COUNTY OF		MI
rs ofter d		en Burnie	North	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Arundel	G HOME (DR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O SECTE TAI	Y WORKING LIFE)	ZE KIND OF HOUSTRY JS GOV	BUSINESS OR
AND 212 n 24 hours filled in rould be	13 ₀ S Md	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, JNTY L. A. CO.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CROWNS	. 1	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	ar Dr.		
MARYLA makkin led within and 2 sh and 2 sh	14. FA	Rome FIRST	É. Vicke	rs LAST		15. MOTHER'S MAIDEN NAME EMMA	WIDOLE		Watt	s
iMORE, MA		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	OF HALL OR OLD STA	166. SOCIAL SECŪ 235 –1 6–6 ²		James F. Lol	ADDRE nrman same a			MATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filth and Mental Hygiene prior to burial, cremation, or removal. The and Mental Bishows any injury, or other traumatic event, the medical exequire rhust be a stream of the medical exequire rhust be a stream or the stream of the stream or the stream of the stream or the stream or the stream or the stream or the stream of the stream or the	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN I	N PART 110	
he law redon hos been to permit. Thermit. Thermit. Thermit ows any in	CERTIFICATION	196. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES C	
ISION OF VITAL I PHYSICIAN: The ending physician. this certificate ha e buriol-transit p and Mental Hygien d or fem 18 show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	EATH HOUR A.F	M, MONTH DA	Y YEAR	216. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2)	
A ose A se is m	WE	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has	pital) attended the	e deceased from		3 19 OU	CITY OR TOV	19_		STATE
AL OR ATTEN the haspital AL DIRECTOR: detached for us ore Dept. of He IT: If Item 21 is		22b. SIGNATURE	ew the bady		, ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE S	
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I		michael B.	Peurlm			5400 OldCa	ert Rd, Ras	dallston	m m	d.2113
	Ė	BURIAL, CREMATION, REMOVA SPECIFY) Burial	1/7/8			EMETERY OR CREMATORY		vnsville	,Md.	STATE
DHMH-16 60M 1/73 (VR A 15 (4))		uneral director Indesty Funeral	Home 12	Ridgely	Ave.		REC'D. BY REGISTRAR	756. RECHSTRAR	SSIGNATU	ready



DIVISION OF VITAL



completely filled in by the funeral . I and 2 should be filed within 72

lond 2 s

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, th

should be detoched for use as the burial-transit permit. Then please remaye c with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYCIENE

8	1	0	0	1	8	
	REG. NO.					

	- STATE REGISTRAR	DEFARIA	CERTIFICATE		REG. NO.	0 0	107
	1. DECEASED NAME FIRST (TYPE OR PRINT)	v Edward	LUP	z	20 DATE OF DEATH MO		EAR 2b. HOUR 30 11: A M
	3. SEX Male	White	11 1	9 87	6 AGE (IN YEARS LAST BIRTHO	YRS	DAYS HOURS MIN
3400	Manyland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NE	DIVORCED [Anne Arun	del Count	
1	Brooklyn Pank	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY BIVE STREET Hammonds Lane	Nursing (126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Y Boat Build		ind of Business or Distry Dating
	Maryland finne	or other institution, give residence before UNITY PRINCE 134 FITY OR TOWN ASAGEN	N 13d. INSI	NOX	273 Gibson	Rd.	21122
N. C.	14 FATHER'S NAME John	MIDDLE LUNZ		Soprie	WIDDIE		tausch
	16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 214-46-	2003 (. W	18	address 2 172 Second		21122 sadenayMd.
	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), one SED BY: ATE CAUSE (b) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	monia	efficience	4	BET	APPROXIMATE INTERVAL WEN ONSET AND BEATH H. CLULLY
print.	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO E	in		200 AUTOPSY?	20b. IF YES, WERE F	Service Control
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOT IFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19 21f. LOC		CITY OR TOWN		ART 2)
	220.1 certify that (1) this has	pital attended the deceased from	July 31	Coveril	to January of the dote	- present	om the couses stoted DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE LORRAINE M. L	0 1 1 0 1	22e. ADI		MEDICAL STAFF DIRECTOR PHYSICIA FE Small u	spod Rg	1-26-81

BP.

etoined by the haspitol ar

DHMH - 16 60M 1/75 (VR A 15 (4))

1/28/1981 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23E NAME OF CEMETERY OR CREMATORY

23d. LOCATION
ONY OR JOWN
Baltimore

COUNTY Md.

Bunial 1/28/1981 Most Holy Redeemen (em. Baltimone,

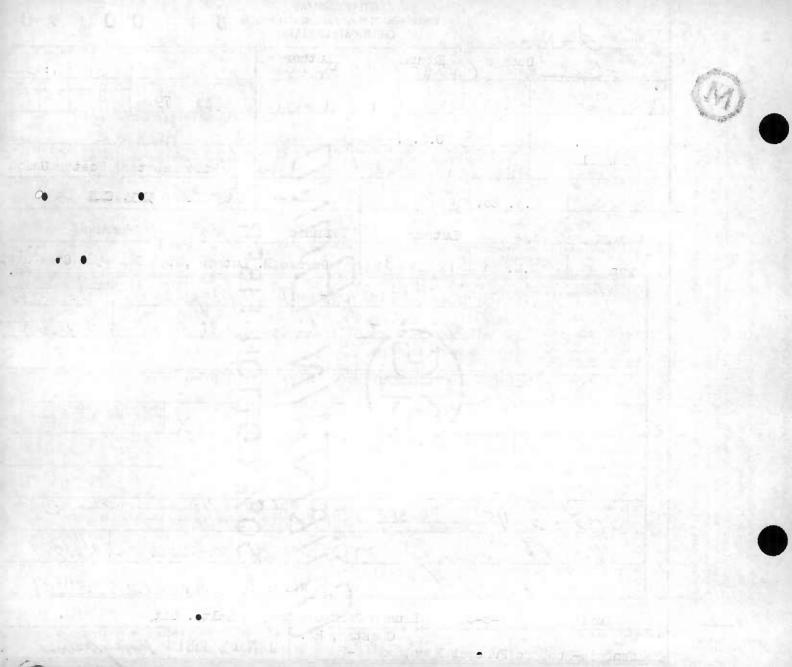
Beral Director 21122 So. Date Rector By Registrar 256. Rec.

Baltimone,

JAN 2 7 1981 24 FUNERAL DIRECTOR

Carried Samenes Country and the same the same that the and the second of the second of the second s Late donies de la consecución --- THE METER II. IT HAS SAY THE SHOOKE ST., TENNING F. Constitution of the state of th Secully 1. . S. B. Vicely Lech Life, Company J. JAN 27 883 Company

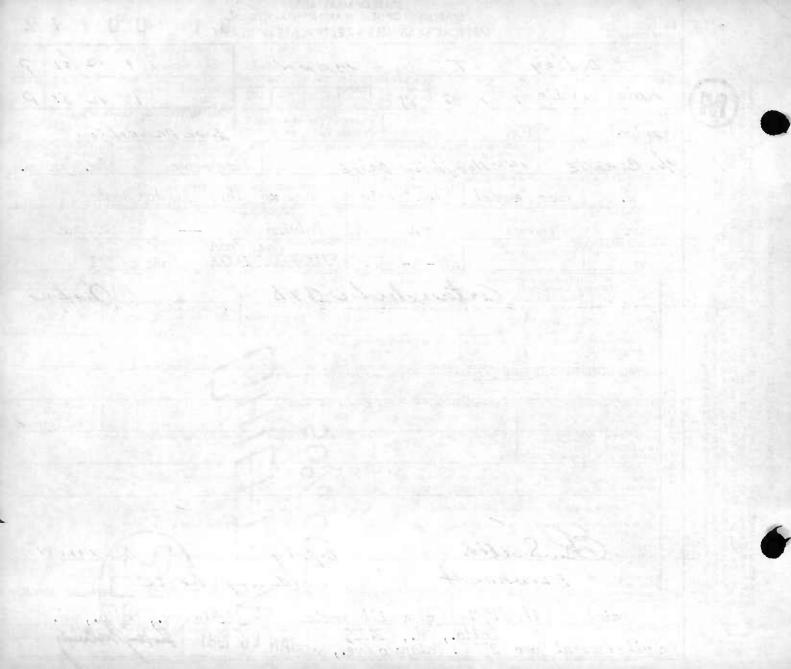
	1	STATE OF MARYLAND
8	1	PEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 0 1 9 0 CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.
	1. DE	CEASED NAME FIRST MIDDLE LAST TITL 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
n E	{TYP	George Eamund Lutter
1 (34)	3. SE	
(W)	3. SE	MONTH DAY YEAR MONTHS DAYS HOURS MIN.
		nale While 1-11-01 2 79 yrs.
4 45 60		IRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH
10 and 62	5	Md. U.S.A. WIDOWED DNORCED DANNE HRUND AD.
1 1 1	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR
off led th	3 1	Annapolis AMNE HUNDER GEN HOW Wire Repeter Wester Union
ours ours in b	USU	AL RESIDENCE (IF NASING HOMS OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ND 24 h	130.	STATE 136 SOUNTY 136 CITY OR TOWN 134 INSIDE CITY LIMITS? 138 STREET ADDRESS # SOXXXXXX #580
4 E XE	14 E	ATHER'S NAME Q.A. CO. Steven bill YES NOT TOTH BOX # MAAAANA #300
MARYL ed with mpletel; ond 2 s		FIRST MIDDLE LAST FIRST MIDDLE T.T. T. AND THE TAXABLE TO THE TAXA
- 0	4	George may b
MORE, nond or Pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 110 117 117 117 117 117 117 1
FIMO De e		ves. W.W. #1 812-01-3128 George H. Luther ,Rt#1 Box #580 Stavensv
sicio person.		18 CAUSE OF DEATH (Enter only one cause per lige for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d ST., BA certificat ng physic bangapa removal		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Whatalle congistion heart failing // months
		1/400
		Conditions, if ony, which (b) Children Selevitic Cardinas dislase 4 years
0 0 E C T		gave rise to immediate
		cause (a), stating the Underlying cause last.
o teled	10	(c)
	12	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ORD requestion to or to y injury	은	manufun
RECORDS. I low requi os been sig	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL RIPSIGNANT The Identificate has reast per Hygiene 18 shows	4 1	YES NO YES NO
N OF VITA SICIAN: The ng physicic certificate urial-transit tental Hygistem 18 sho	3 8	216. ACCIDENT WAS UNDERLYING (216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR)
ON OF V	1 4	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR I
0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION
VISIG C Pr patten at the and ked of	Ž	WHILE NOT WHILE AT WORK AT WORK
		220.1 certify that ((1) this haspital) attended the deceased from 19.77, to 1/6, 19.84, they (1) (ve) last
	3 34	
F G F 4 G N	10	sow the decease glive on above (11) which body after death. 19 D , and that in (my) (ar) apinion death accurred an the date and hour and from the causes stated above (11) which have been stated and the causes stated above (11) which have been stated and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an the date and hour and from the causes stated above (11) or apinion death accurred an accurred accurred an accurred an accurred accurred an accurred an accurred an accurred accurred accurred an accurred accurred an accurred accurred accurred accurred an accurred accurr
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T 2 - 2 E 9		Wm A Casside 25/0 Rivard Annapplis 21401
of of why was a second of the		BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP		Burial 1-8-81 Loudon Park Cemetery Balton City COUNTY Md. STATE
	24. F	UNERAL DIRECTOR Chester, Md. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	TT	elfenbein-Hubbard Funeral Home, Box 66-B JAN 12 1981 Arfry McCust
	116	Tremperin-nuppard runerar nome, box oo b



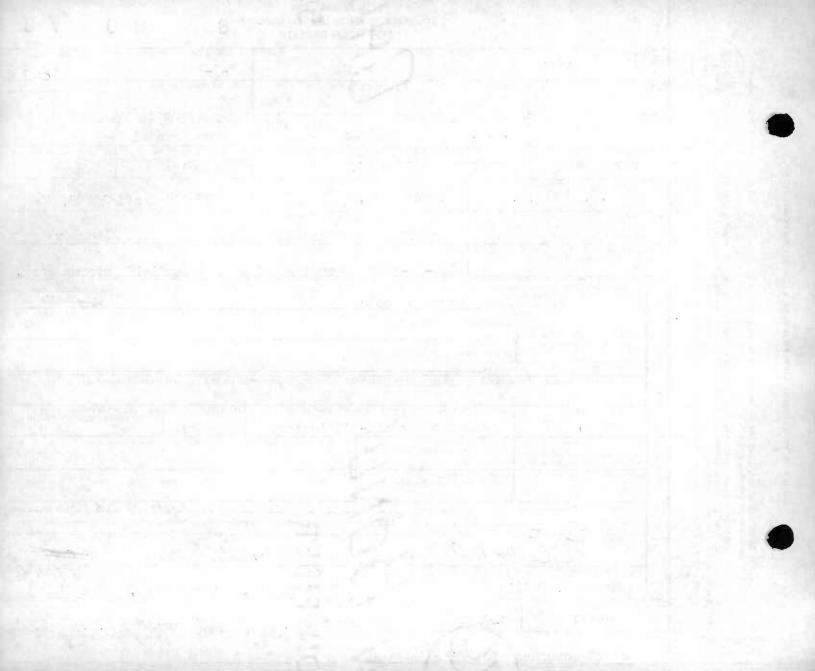
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60M 1/75 5 (4)}		INERAL DIRECTOR NAME eorge J. G	once	4001 Ri	ADDRES	Balto Hgwy.	21225	JAN	1 2 198	ISTRAR 256	b. REGISTI	RAR'S SYGNA	URE SELEC

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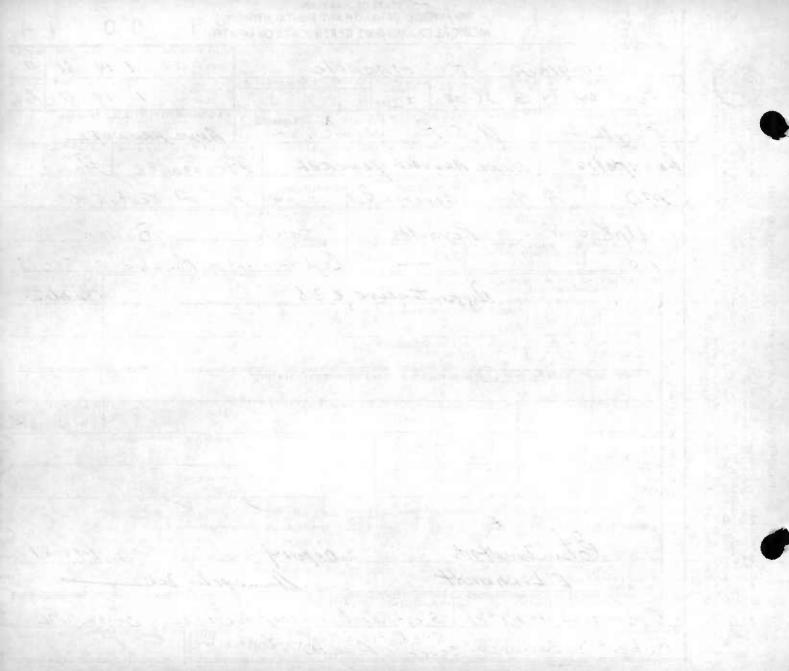
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	2000年120日	9	Dudle	9	T	MAN	N	DEATH MATED		2 1981	PM
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	SS TO THE SE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	HAI COUNTRY?	MARRIED NEVE	R MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
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	A AHMITT	61	A :-	3000- 11	CILITY, GIVE STREET ADDRESS)		/ .	MOST OF WORKING LIFE)	1/1	OR INDUSTR	
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m,	OF ANICES		//	homas	liann		vina			enoun	
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BALTIMORE,	SIOS	, , ,	no	Tran On Dates,	216-05-095	2. XXXXX	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX Sam	e as #1:	?	
BA	URS AFTER 8. GIVE PAI WITH FOR DIVISION O		18. CAUSE OF DEATH (Enter or	1	1-1-1-1				1	APPROXIMATE	INTERVAL
ST.,			PART I DEATH WAS CAUSE	D BY:		1 1	2. 1		1	TWFFN ONSET	AND DEATH
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PRESTON	PENCIL IN CAMINER A LLTRANSIT NENTAL HY		Conditions, if any, which gave rise to immediate								
×.	EA TRA		cause (o) stating the under		AS A CONSEQUENCE C	F				11-1-	
301 V			lying couse lost.								
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RE	PEN	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERA	TION WAS PERFORM	ED?		20	AUTOPSY?	
¥.	CHIEF OF HE	5								D	178
5	SE ORIGINAL SE	F	21a EXTERNAL CAUSE WAS	21b. TIME OF	INTURN	Tall How hilling	CCURRED			YES 🗌	NO 🗾
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DIVISION OF VITAL RECORDS,	S CERTIFICATE SHOUTING THE WORD ROED TO THE CHE. E. 3 SHOULD BE U. E. DEPARTMENT OF I PRIOR TO BURIAL.	MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME,	211. LOCATION	F 11-1		- 1		
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	E. THIS TE, WR DRWAR : PAGE STATE 21201	0	AT WORK - AT WORK								
	E S E S		22a. I certify that I took char	ge of the remoins des	cribed obove, held on	Autopsy ,	Inspection ,	Inquiry , o	and in my opinio	n	
	EXAMINER CERTIFICAT ULD BE FO DIRECTOR WITH THE	100	death resulted from: Nat	rol couses	Accident . Sui	ide , Homicid	In IIndet	ermined monner			
	KAMII ERTIFI ID BE IRECT WITH		dedili resolled from	or couses,	Accident, 500			ermined monner	,		
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	독표등록표·		SIGNATURE COL	sice of	>	M.D.Defice	d 9 MED	ICAL EXAMINER	DATE SIGNED_	1.1218	
	OR OR		EVAMINIENIE NIAME		16		12	1 3			
	₩55 a 3	1	EXAMINER'S NAME	LINHAR	NT		11	A . / /	4		
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	TO PAGE	23a, BI	(TIPE OR PRINT)				27 73d LC	CATION			
	TO MEDICAL EXECUTE THE CPAGE 4 SHOUL TO FUNERAL CAFTER DEATH, BATTIMORE, MA	23a.Bl	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATOR	RY 23d. LC CITY	OCATION ORTOWN	COUNTY	M.J STA	TE .
	Bb——BAGE	(5	URIAL, CREMATION, REMOVAL PECIFY Burial		23c. NAME OF CEM	etery or cremator	y Ri	tchie Hwy.	Balta	, M.	TE.
		(5	JRIAL, CREMATION, REMOVAL	23b. DATE 1/14/1981 Back	23c. NAME OF CEM	etery or cremator IL (emeter 21,225 125	23d To city Right	tchie Hwy.	Balta	(1)	TE



15	0	1.	FOR STATE REGISTRAR		DEPARTA	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 0	1 9	1 3
			CEASED NAME FIRST Lillia:		NDDLE		ning	1-3-81	MONTH DAY	YEAR 2b.	6AM
	Page 4 may director hours of	3. SE	x Female	4. RACE White		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH		UNDER 24 HRS
	7 20 F		RTHPLACE ISTATE OR FOREIGN DUNTRY) Maryland	U.S.A.	VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_	EATH	MD.
	s after dep by the fune iled within		ty or town of death everna Park		ospital, nursin Id Bent'ie		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIF		NE KIND OF BUNDUSTRY Home	
ND 21201	24 haur filled in auld be f	13c. S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE 114 CITY OR TOW DOVERNA	Park,	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	d Benfie	ld Rd.	
MARYLAND	mpletely fond 2 sho		THER'S NAME John	MIDDLE	Powell		15. MOTHER'S MAIDEN NA. FIRST Henrietta	ME	Al	Lbecker	
BALTIMORE, I	n and camp	C	VAS DECEASED EVER IN U.S. AF (es, no or unknown) (if yes, giv	RMED FORCES? E WAR OR DATES)	217-26-		17. INFORMANT George Manni	addr ng 666 Ber			
. PRESTON ST.,	that the death certificate d by the attending physici ease remove corbon papes (a), cremation, ar removal, ar other traumatic event, th		18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	TE CAUSE (a) C	Cancer of	COLO NCE OF	n			APPROXIMATION SETWERN ONSE	
RECORDS, 30	aw requires that been signed by mit. Then pleose prior to burial, or any injury, or oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT		TO COL		NOT RELATED TO THE TERM	INAL DISEASE OR CON 20a. AUTOPSY?	20b. IF YES, WE	RE FINDINGS	USED
	hysician. icate has ransit per Hygiene 18 shaws	E E	Nov 9, 1979			lon -	illiostomy	YES NOTE NOTE	YES 🗌	l N	10 []
N 0 N	SICIA ng p certif rial-t	CAL	OR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DA	Y YEAR		(ENTER PARIORE OF MODE	AT INTIEM 10, PART 1	78 FAR1 23	
DIVISION OF VITAL	aftendi attendi frer this as the bu h and M	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	EET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO	wn co	OUNTY	STATE
	TTENDII pital ar TTOR: A far use af Heali		226.1 certify that (I) (this hasp sow the deceased alive ar above, (I) (we) (did) (didsort	Nov 30	deceased from	30_, or	d that in (my) (aur) apinion	death occurred an the d	lote and hour and		(I) (Re) lost ses stated
	AL OR A the har AL DIREC detached ate Dept. IT: If Item		27b. SIGNATURE J.C.C.	Ols m			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIG	NED
	retained by the TO FUNERAL (should be deta with the State (MPORTANT; #		Thomas C. Cu				7 Riggs Ave	e. Severna	Park, P	5J.	AN 81
	0 ± 5 € 3 ₹	230. 8	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 1-6-8	1 23c. N	Glen :	EMETERY OR CREMATORY Haven Com.	23d. LOCATION CITY OR TOWN	Prise 7 h	Paganos	STATE M. D.
	H-16 60M 1/73 VR A 15 (4))	24. FI	INERAL DIRECTOR Robert Barran	co 501	ADDRESS Ritchie	Hywy	Haven Cem	EREC'D. BY REGISTRAI	SALS PEGISTRAR'S	SIGNATULE	



1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 1 0 2
1,	= STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 1 9 4
1. C	DECEASED NAME FIRST		DAY YEAR 26. HO
1,	VIAGIA	NIA MARABLE LAST 20. DATE KNOWN MONTH OF ESTI- DEATH MATED []	19 1981 P
3. S	EX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d. HO
	teriale ech. te	3 25 08 7 24RS. HOURS MIN. PRONOUNCED DEAD	19 81 PM
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED 1 9. BALTIMORE CITY OR COUN	
	Maryland	U.S. H. WIDOWED DNORCED ANNE MRUN	OEL M
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOSL OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
A	NNapol18	HUNE ARUNGEL GENERAL. Housewife	Home
13a.	JAL RESIDENCE (IF IN NURSING HOME O STATE 13b. COUNT	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)	21
	MU H.	. H. Severna Park YES NOR 100 Hs Kewto	on Rd.
14.1	FATHER'S NAME	MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
	Unknown	Keynolds Jarah Bou	ven
160.	(YES, NO OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? WAR OR DATES) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2/3 · 50 - 9/30	
	//0	Capt. Herbert H. Marable	- Sec 13
	18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LA O CHAMEDIAT	TE CAUSE (0) Alyper lessive & US	Ondolen
	Canditians, if any, which	DUE TO, CA AS A CONSEQUENCE OF	
	gave rise ta immediate	(b)	
	cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
z		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	And It species
110	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	To Aurosaya
FIC	The Date of Orekanon	THE CONDITION FOR WHICH OF ERRITOR WAS PERFORMED!	20. AUTOPSY?
CERTIFICATION	21a EXTERNAL CAUSE WAS	27b. TIME OF INJURY 1716 HOW IN HIPY OCCURRED SENTER NATURE OF INJURY	YES NO
II CE	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	MIZ
MEDICAL	CONTRIBUTING CAUSE OF D	DEATH P.M. 19 216. PLACE OF INJURY (ATHOME. 21f. LOCATION	
ME	WHILE NOT WHILE AT WORK		DUNTY STATE
	AT WORK AT WORK		
	220 I certify that I taak charge	e of the remains described abave, held an Autapsy 🔲, Inspection 🗐, Inquiry 🗐, and in my a	pinian
	death resulted fram: Natur	al causes 🗷 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲 ,	
	ACTUAL ACTUAL	TITLE (SPECIFY)	. 10. 01
	SIGNATURE COM	hardens, m.D. Depot of MEDICAL EXAMINER SIGNI	ED 1-14-8/
-	EXAMINER'S NAME	1 whomedt	VIETE BERNE
	(TYPE OR PRINT)	ADDRESS Atmingolis, But	
ł3a.	BURIAL, CREMATION, REMOVAL 23	3b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COU	JNTY STATE
	Cremation 1	1-19-81 Westwiew Crematory Westview abo	Ito, MD.
24.	FUNERAL DIRECTOR	ADDRESS 501 Pixchie How 250. DATE REC'D. BY REGISTRAR 256. RESISTAASIS	GNATUBE
1	Mobert J. Bo	erranco Source Back Do.	



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should be detached for use as the buriol-tronsit permit. Then please remove corbanpope with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, ar removal

If Hem 21 is morked or Hem 18 shows

MPORTANT:

-	1	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 REG. NO.	0 ()	9 5
)		CEASED NAME FIRSTBO	tty MIDDLE Ann	TY	Marsh	20 DATE OF DEATH MO	DAY //	VEAR	625PM
	3. SE	x emale	Caucasion	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD)	YRS.	DAYS	IF UNDER 24 HRS HOURS MIN
3	N	RTHPLACE (STATE OR FOREIGN OUNTRY) Saryland	76 CITIZEN OF WHAT COUNTR	WIDOWE		Anne Aruno			MD
3	Ar	napolis	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Anne Arundel	eet address) Gene:		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemaker	YORKING LIFE) IN	KIND OF DUSTRY Home	BUSINESS OR
5	130 S M&	V		NWC	13d INSIDE CITY LIMITS? YES X NO		ve. S.	210	061
C	Wi	lliam H.	MIDDLE LAST Thoma		15 MOTHER'S MAIDEN NA FIRST Ruth	N •		hite	
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) IF YES, GIVE	E WAR OR DATES)	6-594	Milliam H	ADDRESS • Marsh sar	me as	13	
	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF	EAST	ainal disease or Condit			MATE INTERVAL
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		20b. IF YES, WER IN CERTIFYING YES		
9	MEDICAL CER	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	211. LOCATION STREET	RED JENTER NATURE OF INJURY IN		R PART 2}	STATE
		sow the deceased olive on	ital) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	· of	nd that in (my) (ear) opinion DEGREE ATTENDING PHYSICIAN	depth occurred on the dote	2		

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR:

Tames S. Kirkley 421 Crain Hwy

23b. DATE

1/14/81

224 PHYSICIAN'S NAME TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL Burial

23d. LOCATION CITY OR TOWN COUNTY STATE Brooklyn
256. DATE REC'D. BY REGISTRAR 256.

JAN 1.3 1981

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FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH YEAR 2b HOUR 1045 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 74 HRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED ANNAPOLIS DIVORCED 126. KIND OF BUSINESS OR NDUSTR' ISTERED 13d INSIDE CITY LIMITS? NOF 15. MOTHER'S MAIDEN NAME MIDDLE 614 NFORT ADDRESS 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE . 19_____, and that in (my) (eer) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

OR CREMATORY 23d. LOGATION Y OR TOWN NTOMBMEN 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S Malantin I. See See See St. 1871 L. Williams Park the magnificant of the second of the second se THE HATTER I THE PART OF THE the three way is not the same of the the could be a the continued and was held their

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

SHITTLES ASTRILLY FORTING A UNAUATY 20, 1984 E:32 YTAUOD JECKURA SHIKA ... SHIKA ... LEAR EURINE FORTH AND LEGSPITAL DS STIUS , SVIRU JET 1980, CEE CO JAM 2 3 1981 James

Susan Hickoryson Marken Temale White April 20, 1903 Montana USA Annapolis Annapolis Auraine Home Protessor College MD A.A Barapalis V Con Mille Avenue Historyasan Ernest Douglas Martin Clara Art selber out and to him the fire broke I a the to

115	1			STA	TE OF MARYLAND			
	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO FICATE OF DEATH	0 1	001	9 9
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	REG. No.		HOUR
1/11/1	(TYPE	JERR.	y A	M	ARX		1881	1138
前(精)	3. SE		RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 24 HR
in angel		M	W	9	16 38	14:	2 YRS. MONTHS DAYS HE	OURS MIN
oth. Perol		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	7b. CITIZEN OF WHA	T COUNTRY? 8. MARRI WIDOW	NEVER MARRIED DIVORCED	BALTIMORE CITY O	AT LAID	
er de fun vithin	10,00	TY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME	OR OTHER INSTITUTION	THE USUAL OCCUPATI	DN 12b. KIND OF B	USINESS C
by the filed wi	14	Nuapolis	A A A	TY, GIVE STREET ADDRESS)		Driver	DE WORKING LIFE) INDUSTRY Bus	
filled in could be must be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	13c.	ESIDENCE BEFORE ADMISSION	136. INSIDE CITY LIMITS?	130 STREET ADD ESS	Em = Cu	
should	14.54	Md.	Aı	nnapolis	YES NO 15. MOTHER'S MAIDEN NA	1 404 Day	front cu	15
mpletely ond 2 sh	C.	FIRST	MIDDLE	LAST	FIRST	WIDDIE	LAST	
complex land	_	Joseph VAS DECEASED EVER IN U.S. AR/		SOCIAL SECURITY NO.	Marie 17. INFORMANT	ADDRE	Dodlin	
n ond c		ES, NO OR UNKNOWN) (IF YES, GIVE		12-36-25	17. INFORMAINT	ADDRE	33	
e be	-				13		APPROXIMA	FINTERVAL
certificate ng physica bon paper r removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	BY:	or (o), (b), and (c).)	'N TUMON		APPROXIMAT BETWEEN ONS	ET AND DEAT
certification of property of the property of t		IMMEDIAT	E CAUSE (o)	11141	20 101100		1 4 60	(/ -
e death ce move carb totion, or r		2376	DUE TO, OR AS	A CONSEQUENCE OF				
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in a trace of the control of the contro		Conditions, if any, which gove rise to immediate	(b)					
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ires that gned by in please burial, cr			(c)					
equires n signe to buri	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTR	IBUTING TO DEATH BU	I NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN IN PART 1(6)	
ow rec	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS	SUSED
n. nos bross	FE						IN CERTIFYING CAUSES OF	DEATH?
G PHYSICIAN: The Internating physicion. The this certificote host when brind-tronsit per and Mentol Hygiene ked or Item 18 shows	- E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21c. HOW INJURY OCCUR	YES NO		NO 🗌
PHYSICIAN: T ending physici this certificate te burial-fransi ad Mental Hygi d or Item 18 sh	4	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DAY YEAR		(Eliter Majore of Major		
rSIC ing cer verior Aent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF IN	19	21f. LOCATION			
IG PHYSIC ottending ter this cer tond Ment	WEL	WHILE NOT WHILE	(AT HOME, STREET, FA	ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
DING P or offer Affer the se os the offth and morked		AT WORK)		12/8/	
		220.1 certify that (1) (this hospit sow the deceased alive on.	1/7/	4	22 , 19 50	, to	/	t (I) (we) lo
R ATTEN hospital RECTOR hed for u sept. of He		obove, (1) (we) (did) (did not) view the body ofter	deoth.		death occurred on the de	ote and hour and from the cau	
0 0 0 0		22b. SIGNATURE	1/. 1		DEGREE ATTENDING	_ MEDICAL _ STAI	22c. DATE SIG	SNED
PITAL by th ERAL Store		Hach	Klest	ur.	PHYSICIAN [DIRECTOR PHYSIC	IAN //8/	81
HOSPITAL inned by th FUNERAL buld be det th the Store		22d. PHYSICIAN'S NAME (TYPE OF	. / /		22e. ADDRESS			
		Jack	KUShNE		20 KING.	ely - H	ruce polis,	40
5 5 5 8 3 8 -1	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
BP		Removal	1/8/81			CITY OR TOWN	COUNTY	STATE
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE	E
(VRA 15, 4)	7	natomy Board	Ba	Tto. Md.	JAN	2 6 1981	perfory Malres	y

Anna Granatel ont awing 704 East Hotel Dide Angrapolita g11550 ding. INVO'US .bt ..onist

6	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAI IMENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYG	IENE 8	0	0 2	0 0
" w=		CEASED NAME FIRST	MIDDLE Edward	LAST		20. DATE OF DEATH	MONTH DAY		2b. HOUR
moyabe poge 3				McKee			1 28		1120 M
Page 4 m	3. SE	Male	WAITE	5. DATE OF BIRTH MONTH DAY JUly 4	1920	6. AGE (IN YEARS LAST BIRTI	YRS.	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
H P P		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED X NEVER M.	ARRIED	9. BALTIMORE CITY O	_		
de d		ew Jersey	USA 11. NAME OF HOSPITAL, NURS		ORCED [Anne Arun		-	MD.
201 us ofter	F	t. Meade, Md.	Kimbrough Army	Hospital	TOTION	TEMPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	ght Co
AND 21	lar	y land I3b. COUN Anne	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136, CITY OR TO Arunde Ft. M	eade YES 🖔	NO 🗌	13e. STREET ADDRESS 8018B Les	lie Roa	d, Ft.	. Meade
MARYLAND red within 24 ond 2 should examine (alux	14. F	THER'S NAME JOHN	MCKee		maiden namers to retta	ME MIDDLE		For	
BALTIMORE, cote be executorysician and copers. Pages I wal.	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) YES/4 1/2 YES, GIVE	WAR OR DATES)			ADDRE	80	· Mead	eslie Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NG PHYSICIAN: The low requires that the death certificat attending physician. After this certificate has been signed by the ottending physics the burial-transit permit. Then please remove carbon pap th and Mental Hygiene prior to burial, cremation, or remova orked or Item 18 shows any injury, or other traumatic event,		PART I. DEATH WAS CAUSE IMMEDIAT 436 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	rac. Arre JENCE OF A JENCE OF				1 m	day S
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SICIAN: ng physic certificat unal-transental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH (DAY YEAR	URY OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART	1 OR PART 2)	
UG PHYSIC ottending ter this cer is the burion hand Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	4	CITY OR TOW	и	COUNTY	STATE
R ATTENDIN hospital or IRECTOR: Af hed for use a pet: of Health		22a. I certify that (I) (this hospit sow the deceased alive on obove, (I) (we) (did)	tal) attended the deceased from 28 Jan 193 Xview the body after death.	25 Jan 1981 31, and that in (my) (c	, 19 our) opinion o	, to	, , , ,		
0 . 5 5 6 5		Carlone ;	Hawhsley		TENDING TYSICIAN	MEDICAL STAF		28 Ja	
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Store MPORTANT.		Carlene Hawksi	ey, CPT, MC	Kimbro		my Hospital	, Ft M	eade.	Md.
BP	23a E	Burial Burial	0 10 1-	NAME OF CEMETERY OR CE		23d LOCATION CITY OR TOWN North Ar	linat	on . Re	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		NAME ECK Funeral Hor		Spring Rd.	25a. DATE	B 2 1981	5b. REGIONAL	trajno	therety

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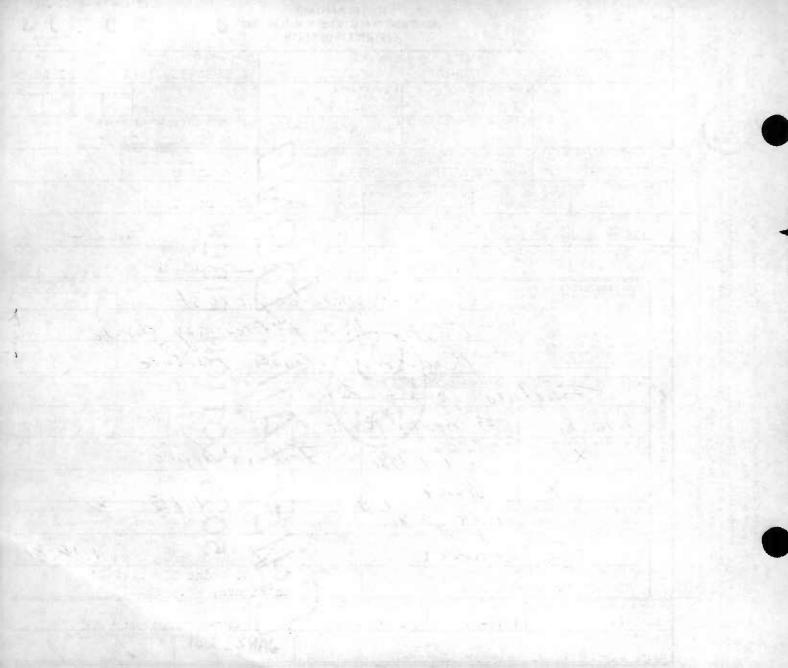
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(VRA 15, 4)

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			1 -	FOR STATE REGISTRAR		DEPA		FICATE OF DEATH	GIENE 8	0	0 2	0 3 EST
				CEASED NAME FIRST		MIDDLE	SADAY.	LAST	20. DATE OF DEATH		YEAR	2b. HOUR
ad ad		1	(I I I	CALVIN		LEWIS		MILLER	JANUARY 1	5, 1981		3:30 PM
100	70		3. SE)		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
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3 mg	100	1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	DE NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
到期	100	9	Mo		USA		WIDOW		ANNE ARUNI	DEL COUN	TY	MD
1 11	33		10. C1	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUE	RSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION		BUSINESS OR
10	(3)	4	GLI	EN BURNIE	NORTH	ARUNDE	L HOSP	TAL	Postmaster	or WORKING (IFE)	US Gov	
24 hav filled in avld be	must be	1	USUA 13a S	AL RESIDENCE (IF NURSING HOMEO TATE 131 COUI Md AA	YTY	13c. CITY OR T Gambri	fore admission) OWN 11s	138 INSIDE CITY LIMITS? YES NXX	13e STREET ADDRESS P.O. Box 1	56		
tely 2 sh	nue de la composition della co		4. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	AME			
a ped w	· C	20	Wi	lliam Henry Mi	ller	LAST		Wilhelmenia	MIDDLE	We	sselma	in
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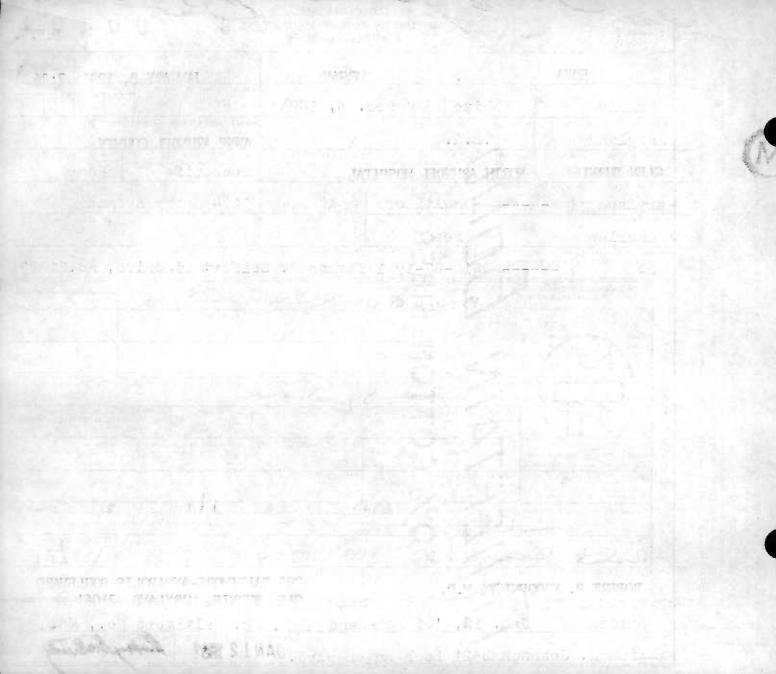


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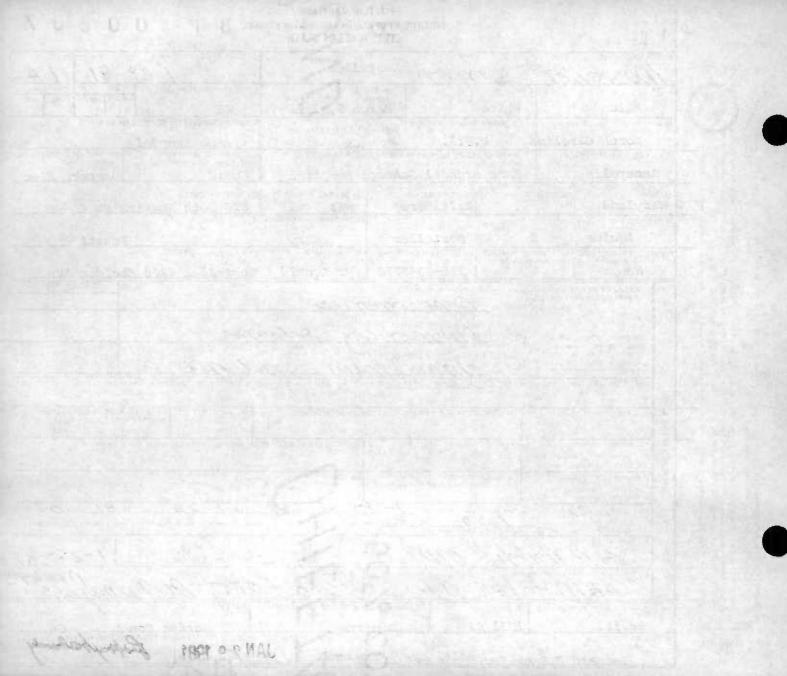
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226. SIGNATURE 226. DATE SIGNED	22c. DATE SIGNED			or) view the body offi		
ATTENDING V MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN () 1-24-8		ATTENDING MEDICAL	Anus	m cur o	114	
224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 95 AQUAHART ROAD		DDDECC	/	OR PRINT)	24 PHYSICIAN'S NAME (TYPE OF	
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Burial 1-28-81 Church Cem. Hanover Wild FUNERAL DIRECTOR Chas. A. Rice FSPA 1300 Eutaw Pl. FEB 3 1981	r moonMd.		1 - 1 - 4 - 4 - 4	1-28-8	SERAL DIRECTOR	

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	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 2 _{EST} 0
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	٨	AIDDLE		AST	26. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
		ELIA		К.	MYERS		JANUARY 29, 4000	. 1981 1.30P M
	3 SEX		4. RACE		5. DATE C	DAY YEAR	M	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female		Whit		July	27, 1903	77 YRS.	
5	76. BIRTHPLACE (STATE OR P	FÖREIGN	U.S	WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	9. BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL COU	
4	GLEN BURN			OSPITAL, NURSII HEACHITY, GIVE STREET ARUNDEL		PROTHER INSTITUTION	IZE USUAL OCCUPATION (TYME) WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE (IF NURS 13a. STATE Maryland	13b, COUN	YTY	GIVE RESIDENCE BEFOR 130 CITY OR TOV Glen Bu	/N .	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 113 Baltimore	Avenue S.W.
	14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		LACT
40	Julius		=	Kelm	300	Christin	a =	Bollinger
1	(YES NO OR UNKNOWN)		F 144 B CB C 1855	705-05-		17 INFORMANT -A Edward i	Mount 425 Fe	rnwood Ar.
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly ane cause per D BY: TE CAUSE (a)	line far (a), (b), ar	Car	dielolomo	nary arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	gove rise to imm cause (a), statin underlying cause	ng the	DUE TO, OF	LUM I	irrhosisu	with Esonhas	puel	
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7	19a. DATE OF OPERAT	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?

190. DATE OF OPERATION	The Condition for Which of Exame	YES NO	N CERTIFYING CAUSES OF		
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MFDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJUR		
21d. INJURY OCCURRED	21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN COUNTY	

(1) This haspital) attended the deceased from (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

> 22e ADDRESS & ANNAPOLIS BOULEVARD

ATTENDING PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN 2/2/1981 Md. Glen Haven Cemetery 24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

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Raymond C. Fink

Glen Burnie, Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE; REGISTRAR NEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (TYPE OF PRINT) Thomas Anthony Anthony Anthony Anthony Thomas An
T. DECEASED NAME FIRST MODILE LAST 1. DECEASED NAME FIRST MODILE Thomas Anthony A
Thomas Anthony Antho
Thomas Anthony Age S Death Mated 2 3 1981 A 3. Sex 4. Race 5. Date of Birth Day Year 1. Last Birthday) Months Day Hours 70. Birthplace (State or Poreign Country) WashingtonD.C. USA 10. City or town of Death 11. Name of Hospital, Nursing Home, or other institution (If Not in Such Facility, Give Street Address) USUAL RESIDENCE (IF IN Nursing Home or other institution, Give Residence Address) USUAL RESIDENCE (IF IN Nursing Home or other institution, Give Residence Refore Address) USUAL RESIDENCE (IF IN Nursing Home or other institution, Give Residence Refore Address) USUAL RESIDENCE (IF IN Nursing Home or other institution, Give Residence Refore Address) USUAL RESIDENCE (IF IN Nursing Home or other institution, Give Residence Refore Address) 136. City or town 136. City or town 137. City or town 138. City or town 139. City or town 139. City or town 130. State 139. State 130. State 139. State 130. State 139. State 139
MONTH DAY YEAR LAST BIRTHDAY) 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WashingtonD.C. USA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AND DEAD 12. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED DIVORCED 12. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) Systems analyst St. of Md. 13. STATE 13. COUNTY 13. CITY OR TOWN 13. CITY OR TOWN 13. CITY OR TOWN 13. STREET ADDRESS
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136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS
inch inch inch inch inch inch inch inch
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
Thomas Anthony Myers Sr. Blanche Agnes Tebbs
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
yes 43-63 577-18-5501 Mary Muriel Myers same as 13e.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTICIPATE MAS CAUSED BY
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ORON CRY CARLETY CLISSIC
DUE TO, OR AS A CONSEQUENCE OF
Canditions, if any, which gave rise to immediate (b)
cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOW 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 1216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK STATE
22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
death resulted fram: Namral causes , Accident , Suicide , Hamicide , Undetermined manner ,
LUC TITLE (SPECIFY)
SIGNATURE Constant M.D. Depot 9 MEDICAL EXAMINER SIGNED 1-3-81
(TYPE OR PRINT) E. LINHARd+ ADDRESS Chamapalis, net
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE
Burial 1/6/81 Our Lady of Sorrows West River Md
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. RECORD
Hardesty Funeral Home 12 Ridgely Ave. Ann. Md. JAN 6 1981

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DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND



FOR

- STATE

(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH EST REG. NO 2b. HOUR 7:13 PM IF UNDER 24 HRS IF UNDER I YEAR HOURS. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR INDUSTRY Grocerv 7815 Catherine Ave. LAST ===== APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED COUNTY Glen Burnie, A. A. Co. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS eorge J. Gonce. 4001 Ritchie Hg., Baltimore. Md.

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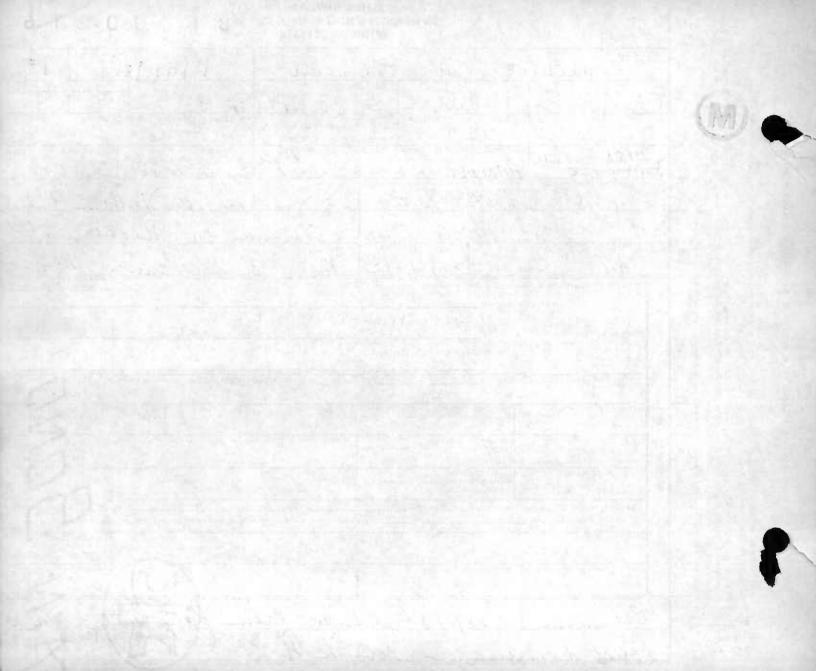
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		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
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erie po	3 SE		4 RACE Wh	ite	5. DATE C	F BIRTH DAY YEAR 2		ARS LAST BIRTHDAY) 60 YR	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
thin 72 hos		RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF	S.A.	RY? 8. MARRIE WIDOWE	NEVER MARRIED [re city <u>or</u> cou re Arunde	NTY OF DEATH	5 MD.
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and 2 sl	14 84	Herbert So	anford	Null		Bessie	NAME	N _{IDDFE}	Câ	ank
Pages 1	160 \	VAS DECEASED EVER IN U.S. A res, no or unknown) (1F yes, G	RMED FORCES?	223-12	2-6575	Mrs. Niza L	. Null	Same a		
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as the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
for use a of Health		22a. I certify that (I) (this hasp saw the deceased after above, (I) (we) (did)(did n	7	1/18 19	Party.	d that in (my) (our) opini	, to on death occurre	d on the date and		that (1) (we) last
AL DIREC detoched ote Dept. T; If Item		22b. SIGNATURE	Ru			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DAJE	SIGNED SIGNED
should be det with the State		Robert O. Bi	4. 0	•		Anne Anunde			Annapoli	s, Md.
TO FUN should be with the IMPORT	23a. l	BURIAL, CREMATION, REMOVA SPECIFY BURIAL		2.		EMETERY OR CREMATOR	Y 23d. LOCA		Anne Aru	ndel. Md.
16 50M 1/76 A 15 (4))	Mc Mc	JNERAL DIRECTOR	& Tick /		2	1122	N 2 1 19	GISTRAR 256. REC	SISTRAR'S SIGNA	URE

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	1	STATE OF MARYLAND
6	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 2 6 6 CERTIFICATE OF DEATH
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1 71		MADELINE M. O'CONNELL 1/27/81 1'5 pm
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

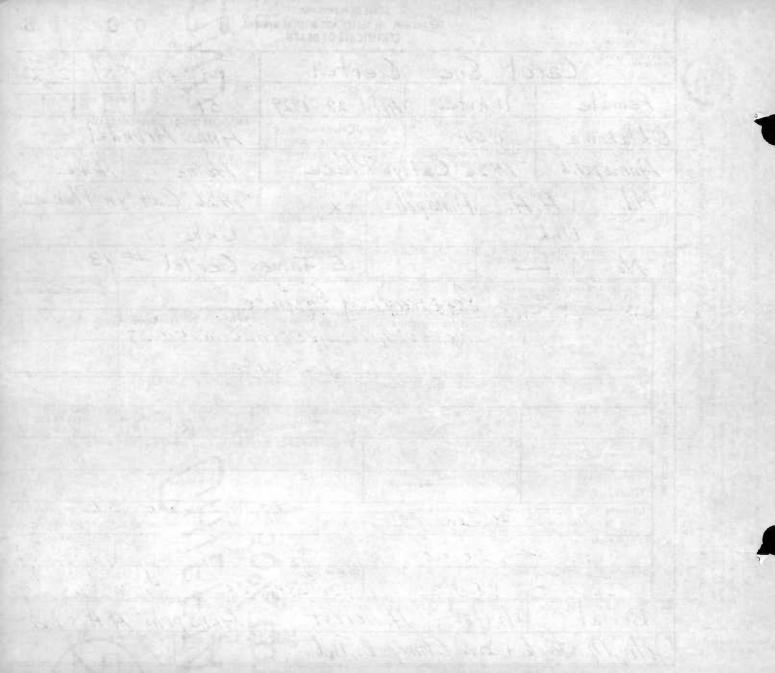
CERTIFICATE OF DEATH

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DHMH - 16 50M 7/77		UNERAL DIRECTOR						NATURE

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) ESTI-OF DEATH MATED AM SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWEDXX DIVORCED NNE ARUNDE D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY SHOULD B 13h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND Deal Churchton Road YES . NO [DIVISION OF WITH 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST CHARLES OFFER ET.T.A CHEW 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-18-6865 Oak La. Churchton, Md. 18. CAUSE OF DEATH (Enter only one cause per EN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). SED AS A E HEALTH A CREMATIO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES NO DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e. PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET COUNTY STATE CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FAFTER DEATH, WITH THE SHALTIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an and in my opinion death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 1.14.51 SIGNATUR EXAMINER'S NAME 23a BURIAL, CREMATION, REMOVAL 23b 73c. NAME OF CEMETERY OR CREMATOR' COUNTY STATE BURTAL 1-17-1981 OFFER CEMETERY CHURCHTO 24. FUNERAL DIRECTOR Annapolis, Md. 250. DATE REC'D. BY REGISTRAR **DHMH-17** WILLIAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5)) 15M 7/76

TATE OF MARYLAND

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10 E	sow the december of the sound for	view the body ofter death.	ond that y (my) (our) opinion	death occurred on the date and hour and from the couses stated
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Singleton Funeral Home

(VRA 15, 4)

FOR

STATE OF MARYLAND

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(VRA 15, 4)

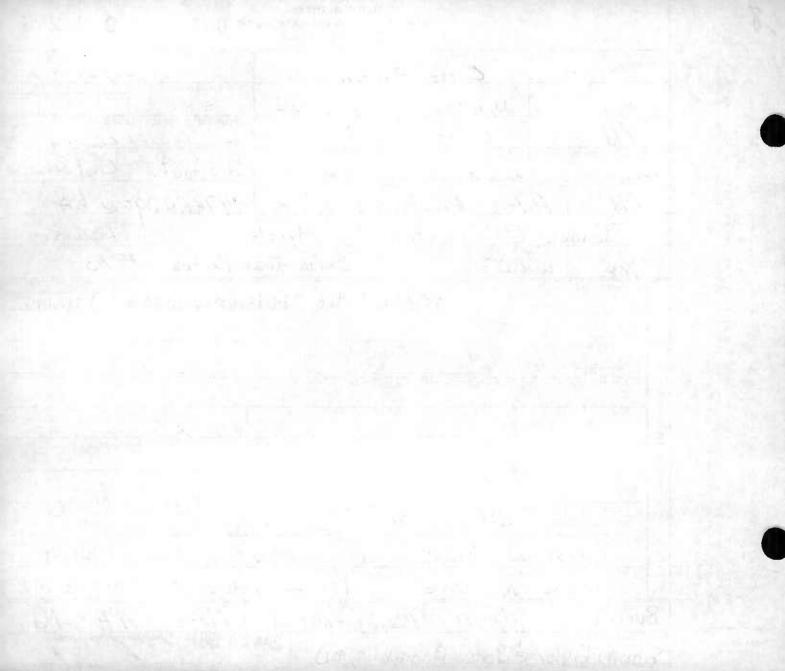
Raymond C. Fink

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	pood pood	0.00	James	es Ezrve/ Paxton, Jr. 1/21/81/8/ M
	E GENT	3. SE	X	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
	oge Crs		Male	White 7/10/22 58 YRS.
	death. Poge uneral direc hin 72 hours of once.	/a. B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	deat deat		110.	WIDOWED DIVORCED Anne Arundel County MD.
	ied it is	10 €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF FORK FOR MOST OF WORKING LIFE) INDUSTRY
102	5 9= 5	A	napolis	Anne Arundel General Hospital US Goul. Civil Service
213	4 hour	13a	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE PRIDENCE BEFORE ADMISSION) ONTY 13 OTY OR TOWN, 13d. INSIDE CITY LIMITS? 13e STREEL CORESS
NA ON	2 = 2		19d H.	1. H. HMAZPOLIS YES NOS 94 LARRAGON LA.
RYL	within within d 2 sh	14. F/	THER'S NAME	MIGNED 15. MOTHER'S MAIDEN NAME MIDDLE LAST
WA	ed will		James	C. Paxton Pryrtle MIDDLE Lewis
E.	d co	16a. \	VAS DECEASED EVER IN U.S. AR	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Poge exe		les W	Oeriz Fozn Paxton #13
MALT	ficate b obysicial popers. naval. ent, the		18. CAUSE OF DEATH (Enter or	anly one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSEI AND DEATH
Ľ.	g physicant can poper removal event,		PART I. DEATH WAS CAUSE	ISED BY: Metastatie Adenocarcinoma Tupar)
S	th certification of the certif		1991	A
STC	on e e		Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF
PR			gave rise to immediate cause (a), stating the	
` ≥	by by oth		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
201	s t s		PART 2 OTHER SIGNIFICANT O	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
RDS,	equire signo Then p to bu	20	ETAVES	
8	HYSICIAN: The low reding physicion. Is certificate hos beer burial-transit permit. Mental Hygiene prior item 18 shows ony ior item 18 shows ony ior item 18 shows ony in the prior item 18	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
- R	The lo icion.	F		YES NO YES NO YES NO NO
/ITA	irySICIAN: The dring physicion is certificate burial-transit Mental Hygie or Item 18 sho	CER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OF.	SICIAN: TI ng physici certificate rial-transi ental Hygi ltem 18 sh	AL	OR CONTRIBUTING CAUSE OF DEA	
O	PHYSICIAN: ending physis this certifical ne burial-tran ad Mental Hy d or Item 18:	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY 21f LOCATION
VISI		Σ	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
5	TENDING Ital or off OR: After or use as t f Health a } is marke			spital) attended the deceased from 12/128 19 80 to 121 19 that (W (we) lost
			saw the deceased alive an	and that in my laur applian death accurred an the date and hour and from the course stated
	DR ATTER hospito DIRECTOR ched for sept. of H		22b. SIGNATURE	nat view the body after death. DEGREE 176. DATE SIGNED
	the the let be		ENADA	W. Cole III ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/21/81
	by by ERA Stat ANT ANT		22d. PHYSICIAN'S NAME (TYPE O	
	O HOSPITAL etained by 11 TO FUNERAL should be det with the State (MPORTANT:		ENISER	W. COLE 121 & CATHEARAC ST ANNAP MI.
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached it with the State Dept. or IMPORTANT: if them 2	23	URIAL, CREMATION, REMOVAL	
			DESIENT 2	1/24/81 MZYO MEMORIAL 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION OF THE BROWN 12YO ATTOM
	BP		INERAL DIRECTOR .	250 DARRIES TRANS
	DHMH - 16 50M 1/76 (VR A 15 (4))	4	NAME	ADDRESS 1
	(T 3	nnill aylor	& Jons - Annapolis MU



STATE OF MARYLAND

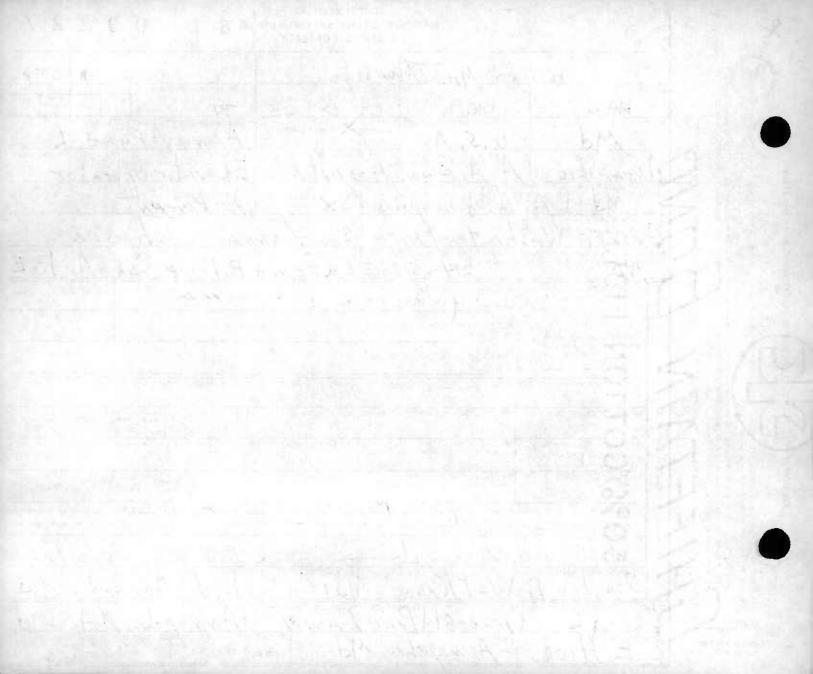
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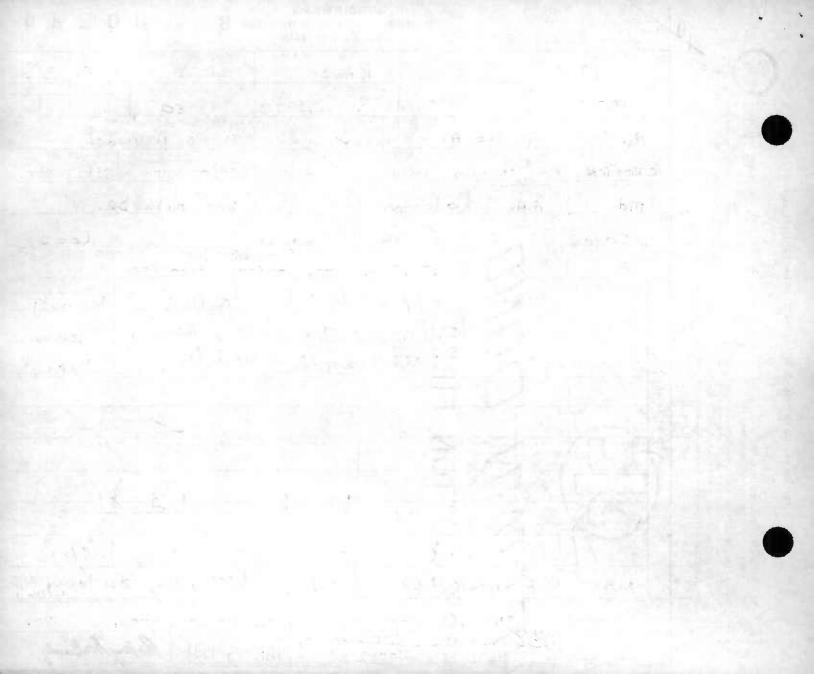
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STATE OF MARYLAND

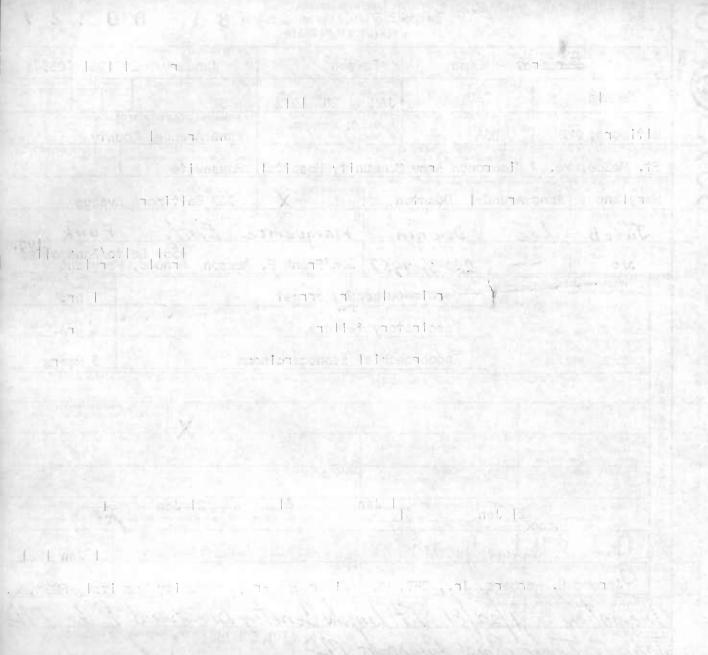


10	To the same of the	FOR STATE REGISTRAR EDGAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0 0 2	2 8
-		CEASED NAME FIRST LEE	MIDDLE	RANCK	20. DATE OF DEATH MONTH DAY YEAR JANUARY 3, 81	26 HOUR 300
	3 SE	Male	4 RACE White	S. DATE OF BIRTH OCT. PAY, 1900	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
15		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL	M
notified	c	ROFTON, Md.	CEOFTON CON	valesent cutra	120 USUAL OCCUPATION 12b. KIND O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	F BUSINESS OR
must be	130. 3	md. A.	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS? YES NO 🔀	130. STREET ADDRESS LA DR.	
T. Comine		Edgar I	EWIS RANGE	15. MOTHER'S MAIDEN NA	MIDDLE LAS	263
of. the medical			MED FORCES? 166 SOCIAL SECU WAR OR DATES) 224.58.	(Dat	ighter) ADDRESS Same as jorie Ratcliffe	s # 13
ta buriol, crematian, or removi ijury, or other traumatic event	NO	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR A PA CONSEQUE (b) DUE TO, OR A PA CONSEQUE (c)	oscleratie 1	acident y	MATE INTERVAL ONSET AND DEATH ONSET AND DEATH
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDIN YES NO YES YES YES	
Item 18 sh	MEDICAL CER	2 a, accident was underlying Or contributing Cause of dea (if either, notify medical examiner)	P.M.	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211, LOCATION STREET	CITY OR TOWN COUNTY	STATE
n 21 is m		sow the deceased alive on	ol) ottended the deseosed from		deoth occurred on the date and hour and from the	that (I) (we) las couses stated
NT: If Ite		22b. SIGNATURY	traule		DIRECTOR PHYSICIAN 1/3/	81
with the State		MAD C	=1(ANK mg	720. ADDRESS	Mitche Huy- Cler Bu	works
	{:	Burial Burial	6'Jan.81 Na	AME OF CEMETERY OR CREMATORY Lional Memoria	l Falls Church,	va.
1/76	24 Ft	NERAL DIRECTOR NAME SINGLETON F	UNERAL HOME M	OT III C	TE REC'D, BY REGISTRAR'S SINAT	JRE worky

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



5		1.	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0229
	8 25	1. DE	CEASED NAME Margüeri CORPRINT) Margar		Rawson	January	21 1981 0854a M
R	Ge 4 mo)	3 SE	x Female	4 RACE CAU	JAN 28 1912	6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Jeoth. Po	Ba	Itimore, MD	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED MINEVER MARRIED WIDOWED DIVORCED	Anne Arundel	
201	by the fune filed within	F	t. Meade, Md.	(IF NOT IN SUCH FACILITY, GIVE STREET Kimbrough Army	Community Hospita	120. USUAL OCCUPATION I TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
AND 21	in 24 hour ly filled in should be f	13a M	aryland Anne	Arunde Odento	On YES NO X	13e STREET ADDRESS 363 Baltimore	e Avenue
MARYLAND	completely 1 and 2 s		Jacob Le	Downi		te Emily	Funk
BALTIMORE,	Poges medic		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY	94/57 Son/Frank F.	ADDIESSI BE 1351 BE Rawson Arnold	alto/Annapolis/ , Maryland
	rtificate buy physicion on popers. emovol.		PART I. DEATH WAS CAUSEI	ly one couse per line for (a), (b), or D BY: Cardio-	-pulmonary arrest		BETWEEN ONSET AND DEATH
W. PRESTON ST.	e deoth cert ottending nove corbo totion, or re troumotic e		Conditions, if ony, which	DUE TO, OR AS, A CONSEQUENCE (16) Respire	atory failure		2 hrs.
	hed by the operation of pleose remote trial, cremotivity, or other tro		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE ENGOD TO	ence of onchial adenocarcin	noma	3 years
ORDS, 20	equire En sign Then In to bu	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/		
AL RECO	in The low in thysicion. I to the size of	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
OF VIT	iySICIAN: The ding physicions are certificate buriol-tronsif Mental Hygis or frem 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE PARTY OF	21c. HOW INJURY OCCUP	RRED LENTER NATURE OF INJURY IN ITEM 18	8, PART OR PART 2)
DIVISION OF VITAL RECORDS, 201	offens offens of the state of the offens of the offens off	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDIN hospital or IRECTOR: Af hed for use o ept. of Health		220 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (20)(26)	tol) oftended the deceosed from 21 Jan 19 8	21 Jan , 1-81 and that in (my) (our) opinion	to 21 Jan death occurred on the date and he	, 19.8 , that (I) (we) lost our and from the causes stated
	F CO		226. STIGNATURE E. Le	erbers Jr. MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN X	21 Jan 1981
	HOSPI boined b FUNE bould be th the Si		Jerome E. He	erbers, Jr., CP1	7, MC Kimbrough A	army Community Ho	ospital. FGGM.Md
	BP	230	PEMALLON REMOVAL	1/22/8/ F	HAME OF CEMETERY OR CREMATORY		/couper 1 STALLA
D	PHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME M. TAYLOR	r Sous HNN	Apolis MD JAM	TERES D 19 BEDISTRAS III. BILES	STRAR'S SIGNATURE
					, ,		



SINGLETON FUNERAL HOME, GLEN BURNIE MD JAN 2

(VRA 15, 4)

the facility of the control of the same of and the contract to the second 13 3 NE VE 11 Mary II. No de age MD I the comment of the waster that he was the thirty of the second of the second WANTED THE TANDEN TO THE PERSON OF THE TOTAL TO

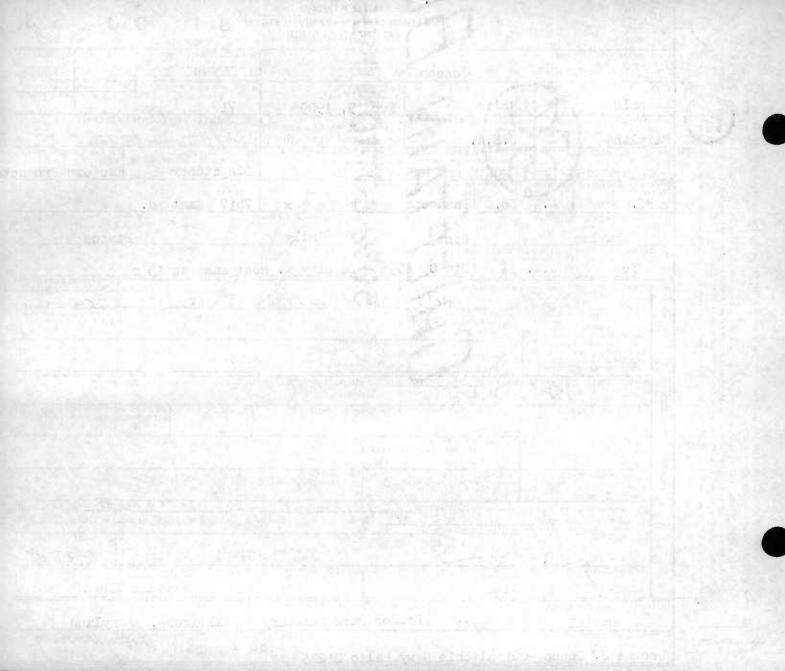
11 1931 48 MANAGE AND Heart Sal alden . 1854 TATAL 272-07-7880 -1812 - 18 18 1 met 5%. Lone olde, so SHAPPERS ALIOGRAM THE PART OF THE MORNEY CO. THE REPORT OF THE PARTY OF THE

1.1	1				STATI	OF MARYLAND			
281	1.	FOR STATE		DEPAI		EALTH AND MENTAL HY	GIENE &	0 0 2	3 2
70		REGISTRAR	4.	1	CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	41.	MIDDLE	0	AST	20. DATE OF DEATH MON	TH DAY YEAR	26. HOUR
2 22		Doro	THY	Wa	Re	nnie	1-	45-81	3 42 M
1 1 20	1. SE	X	4. RAZE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR	
	17	F	W		MONTH.	-16-06	14	YRS.	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
STATE OF THE PARTY		Maryland	Ū.	SA	WIDOWE		Anne Arur	ndel Coun	ity wo
2 41 3	10. C	ITY OR TOWN OF DEATH			SING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
5 51 53	1	A.A. Co.		th facility, give str Arundel		al Hospital	Home make	ORKING LIFE) INDUSTRY	Home
1 5 2 8	WSU	AL RESIDENCE (IF NURSING HOME OR STATE OUN	OTHER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)				
2 11 13		Maryland	ILY	13c. CITY OR TO Baltin		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 804 E. Lak	e Avenue	May 150
4 44 4		THER'S NAME	ALC: N	Dates	11010	15 MOTHER'S MAIDEN NA	AME		
1 11 300		Thomas	MIDDLE	Wat	ts	Rossa	WIDDLE	Ball "	AST
	16a \	VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		Md
1 11 14	(YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	216 52	5792	Mrs. Rose	mary E. Mor	oris. Ann	napolis,
te be	-	18 CAUSE OF DEATH (Enter on	ly one cours nor			1011 9. 1000	inary 2. Wor		IXIMATE INTERVAL
th certificational and		PART I. DEATH WAS CAUSEI	BY:	Name of the last	diop	Inoques . C.	and t	Briwer	O Pan
rbor rbor rrect		11610	E CAUSE (o)			- Contracting	J D D	00	isas -
0 0 0 5 5		Conditions, if ony, which	DUE TO, O	R AS A CONSEC	OUENCE OF	1		>	- 2 years
he de semon motion ritrou		gove rise to immediate cause (a), stating the	(b)						0
that the that the base repose really cree		underlying cause last.	DUE TO, O	R AS A CONSEC	DUENCE OF				
o rio		PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING T	O DEATH BHIC	NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION	ON GIVEN IN PART I	Ia
quire quire fhen p to bu	20		<u>.</u>	Dohee	dreile	NOT THE TEXT	WILL DISEASE ON CONTONIC	STORE TO MET ANT	, ,
ow re	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR HI	CH OPERATION	N WAS PERFORMED		b. IF YES, WERE FIND	
	Ē	XICHEX	100	0			YES NOW	CERTIFYING CAUSE	S OF DEATH?
	CE.	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN		
		OR CONTRIBUTING CAUSE OF DEA	111	M. MONTH	DAY YEAR				
PHYSIC ending this cert te burial ad Mental	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION		COUNTY	STATE
DING PHYSIC or offending After this cere os the buring olthout Menul Men	Ž	WHILE NOT WHILE O	(AT HOME, ST	REET, FACTORY, OFFIC	CE FARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
A A A A A A A A A A A A A A A A A A A		22a.1 certify thotail (this hospit	ol) attended #h	e demeased from	m/	124 19 8	L.10 1/25	19 8/	, that the (we) lost
TTEN pitol TOR for up		saw the deceased plive on.	1/2	-5 19	01	d that in (iny) (our) opinion	deoth accurred on the dote a	ind hour and from the	
A S O D = E		abave, 44 (we) (did) (did no 22b. SIGNATURE	new the body	affer death	, [DEGREE		22c. DA)	E SIGNED
		1001	Min	1	M	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	n 1/2	XR1
PII PII		224 PHYSICIAN'S NAME (TYPE OF	R PRINT)		24	22e ADDRESS	Z VINCETON THISICIAN	D 1./2	3/0
rto Hospi retained b TO FUNE should be with the S		DAVID KR	imi	20	M.D	Anne Anung	del General H	doenital	Md.
of of water of the state of the	23a	BURIAL, CREMATION, REMOVAL	236. DATE	23	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	lospitar,	1710.
768BP		Burial	1/27/			Cathedral	Balto.,	COUNTY	Md . STATE
100		INERAL DIRECTOR Henry					TE REC'D. BY REGISTRAR 256.	RESISTRAR'S SIGNA	
DHMH-16 30M 2/80 (VRA 15, 4)		905 York Road		o., Md		10 10	N 28 1981	Biffry /KE	Greaty
	1	, , 1 , 1 , 1 , 1 , 1		- PIVIU		I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	117 10 1001		

inuc I num enn Anna Wundel Contral Horoital Horostage Con Horn . CO . A . A 216 52 5799 Mmg. Polentary E. Morrie, and bill 12 .04

Rumini 1/27/91 New Cathedral Ealto., Md.
Henry W. Janine 2 Son Co.
1506 York Fald Balto., Md. 21/12

7	1.	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG CATE OF DEATH	SIENE 8	REG. NO.	0	0 2	S S
		CEASED NAME	FIRST		MIDDLE	L	ST	2a. DATE OF D		NTH DAY	YEAR	2b HOUR
	(TYP)	OR PRINT)	LEMUEL		Josep	h RE	NT	JANU	ARY 22	2, 198	31	9:30 A
	3. SE	X		4. RACE	1991	5. DATE O		6. AGE (IN YEA	RS LAST BIRTHDA	AY) IF	UNDER I YEAR	IF UNDER 24 HRS
100		Male	5 38	White	9	Dec	9, 1909 YEAR	71		YRS.	VIHS DAYS	HOURS MIN
16.	Ja. B	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8.	X NEVER MARRIED	9. BALTIMOR	E CITY OR C	OUNTYO	FDEATH	
25		ryland		U.S.A		WIDOWE		ANNE	ARUNDI	EL COL	JNTY	MD.
ied	10. C	TY OR TOWN OF	DEATH	11. NAME OF			ROTHER INSTITUTION	12a. USUAL O	CCUPATION		12b. KIND O	F BUSINESS OR
54		GLEN BURN		NORT	H ARUN	DEL HOSP	ITAL	Dispat			INDUSTRY Easter	n Produc
2 (2	13a.	AL RESIDENCE (IF)	136 COUN		13c. CITY OR		13d. INSIDE CITY LIMITS?	13e. STREET AL	DDRESS		11.20	
0		Md.	A.A	. Co.	Pasad	ena	YES NO X	7817	East 1	Rd.		
	14. F/	THER'S NAME		MIDDLE	LAS	T	15. MOTHER'S MAIDEN NA	WE	MIDDLE	157.4	LAS	
20		Charle		MIDDLE	Rent		Emily		MIDDLE	P.	ierce	
1	16a V	VAS DECEASED EV	ER IN U.S. AR			SECURITY NO.	17 INFORMANT		ADDRESS			A
1	(Yes, no or unknown	W.W	• II	216 0	9 6095	Dorothy M. H	Rent sam	e as	13 e		
		18. CAUSE OF DE	ATH (Enter or	ly one cause pe D BY:	er line for (a), (of ond (c).)	1				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATE		D BY: FE CAUSE (0)	Mai	egman	of mela	nem	Q_		Ma	en
		1719	, , , , , , , , , , , , , , , , , , ,		DP AS A CONS	SEO ENCE OF					/	
		Conditions, if	ony, which	(b)	JK A5 A CON	DEGOETHEE OF						
		gove rise to		DUETO	DR AS A CONS	SEQUENCE OF				94115		
3		underlying co		(6)	JR AS A COIN	SEODEIVEE OF						
ō ,		PART 2. OTHER S	IGNIFICANT O	CONDIFIONS	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDIT	ION GIVEN	IN PART 10	01
, and a	CERTIFICATION	ATTENDED	ASC	01)								
0	3	19a. DATE OF OPE	RATION	196. CONE	OITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOP	SY? 20	Db. IF YES, V	VERE FINDIN	OF DEATH?
L	E		1 7 80					YES 🗌	NO [YES		NO []
0		21a. ACCIDENT WAS	_	1	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	IRE OF INJURY IN	ITEM 18 PART	1 OR PART 2)	
1	SAL	OR CONTRIBUTING	_	1111	.M.	19						
	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY	reion table erc.	211 LOCATION		CITY OR TOWN		COUNTY	STATE
	Z	WHILE NO	WORK	(AT HOME, S	TREET, FACTORY, O	FFICE, FARM, ETC.)	SINCE		CITTONTOTT			
		22a.1 certify that		tol) ottended t	he deceased f	rom/	19-1981	, to	1- 2	19	81	that (I) (we) lost
		sow the dec	eased alive an	t) view the bod	1125	19 7 , on	d that in (my) (our) opinion	death occurred	on the date	and hour o	nd from the	causes stated
E		22b. SIGNATURE	e) yaya) kara na	t) view the bod	y offer deoth.		DEGREE	/			22c. DATE	SIGNED
	1.0		1/10	01			ATTENDING	MEDICAL DIRECTOR	STAFF		10	23-81
	1	22d. PHYSICIAN	JAME (TYPE C	OR PRINT)				Iospital				23.01
		JACK A						Burnie,				
NA CANADA	22-	BURIAL, CREMATIC				13, NAME OF C	METERY OR CREMATORY	123d LOCAT		Lanu A	TOOT	
	230.	SPECIFY)			10.		Park Cemetery	CITY	RTOWN		BUNTY	STATE
100	2A E	Buri		1 1/26	/81	Loudon .		E REC'D. BY RE	timore		rylan	A P
	TA L	NAME			400	RESS		ENT A A	1981	是沙岸	AND THE	Utwaly

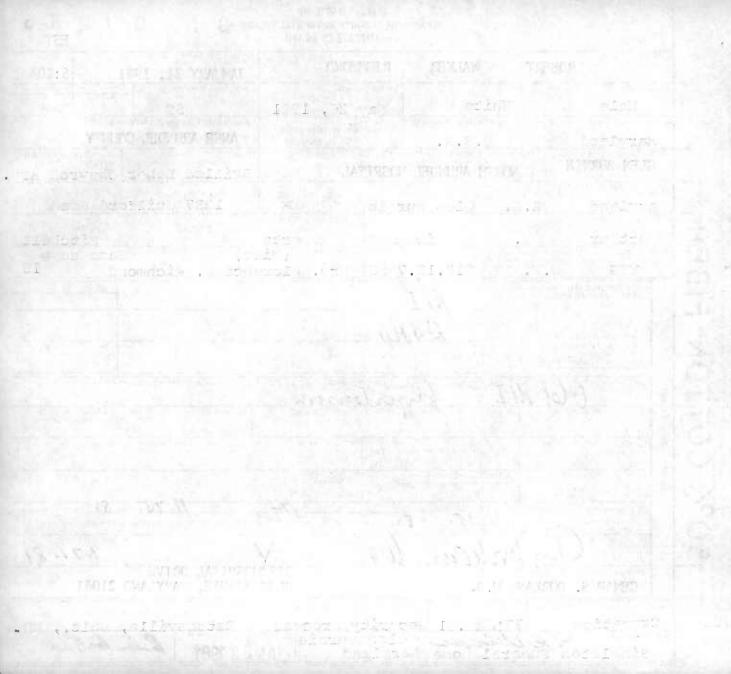


ARAM ARE SERVICES IN THE MANUEL AND DESCRIPTIONS Beratro 8 Section 506.55 nica most si salara valana di . A CASE | Clemiteven cent way then Durate, A.A. Mc.

		FOR STATE REGISTRAR				EALTH AND MENTAL HY	REG	0	0 2	3 5
st may be			AVELLE	S.	S. DATE O	DAY _ YEAR	6. AGE (IN YEARS LAS'	I BIRTHDAY)	YEAR VEAR IF UNDER 1 YEAR ONTHS DAYS	2b. HOUR IF UNDERVIA HRS HOURS MIN
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•	to HOSPITAL OR ATTEND etained by the haspital a	TO FUNERAL DIRECTOR: A should be detached for use	with the State Dept. of Hea

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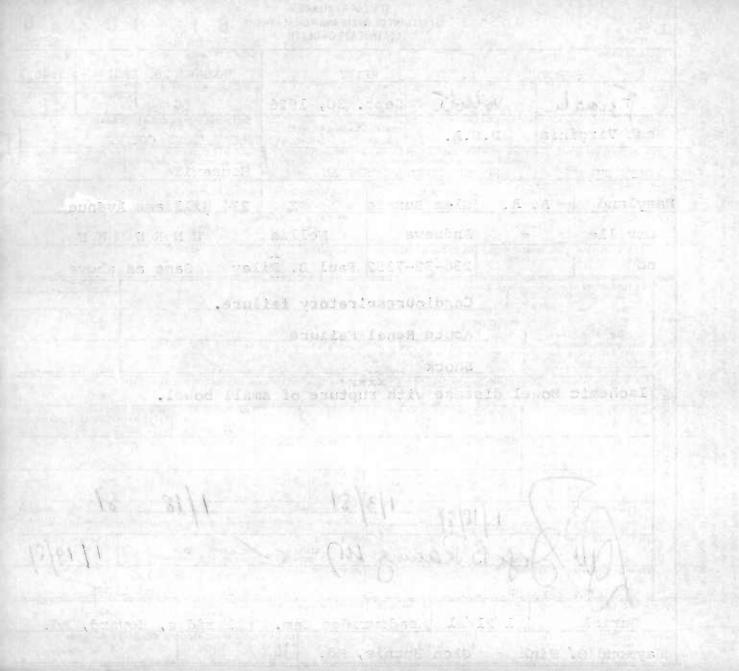
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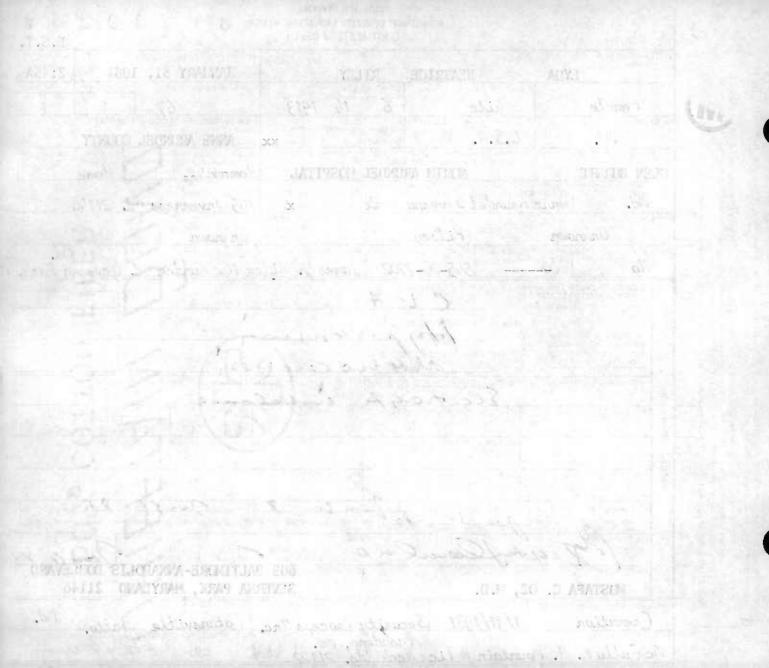
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

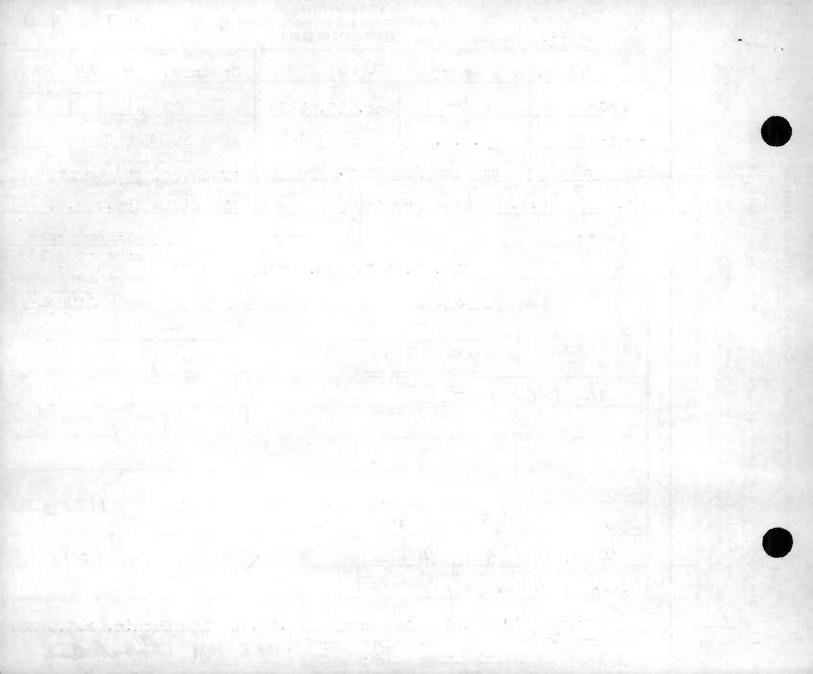
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DHMH-16 30M 2/80 (VRA 15, 4)



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noy be poge 3 er death			Am Henry	KOHDE		anuary	4 198	7 ///
or, p	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY	YEAR	E (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YE	
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DHMH - 16 50M 1/76 (VR A 15 (4))	47. 1	NAME	ADDRESS LINGTES HOMO	Glen Burni	e JANS	1981	LA ARMA POR	Bull



James S. Kirkley, Glen Burnie MD

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REGISTRAR

24 FUNERAL DIRECTOR

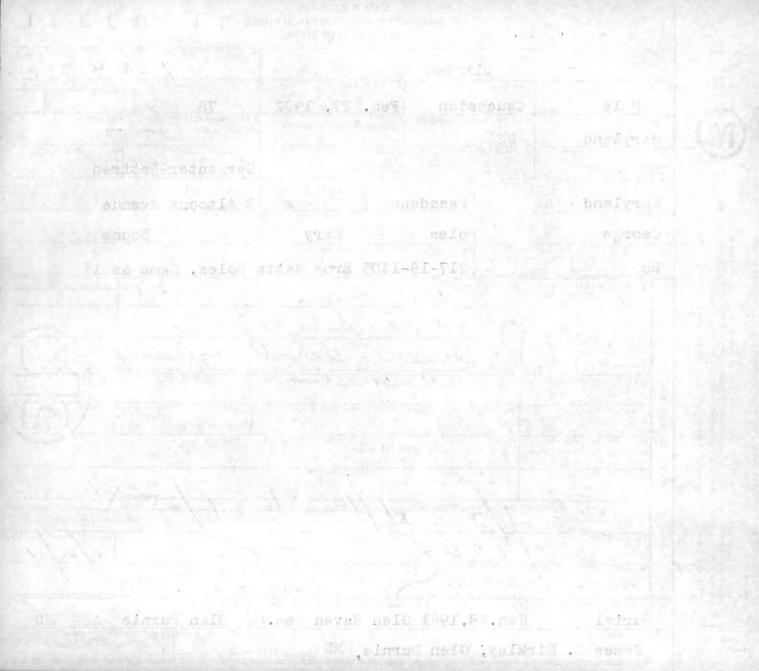
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S S'GNATURE



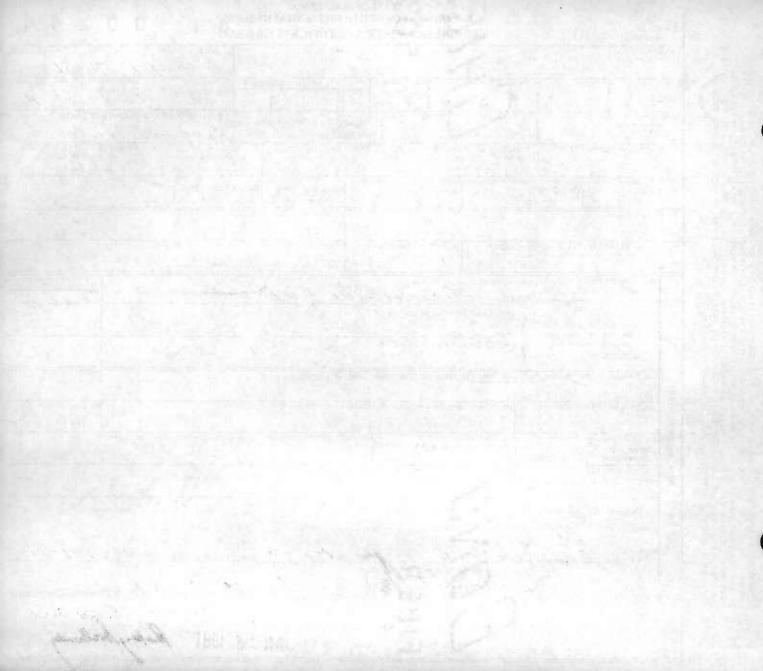
11	5/	1-	TATE	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE L EXAMINER'S CERTIFICATE OF DEATH	1 00242
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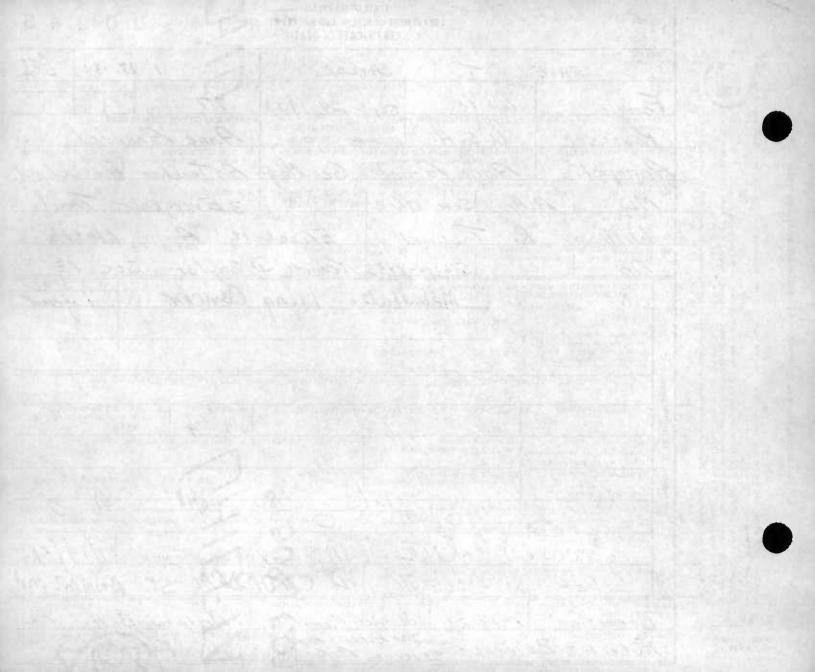
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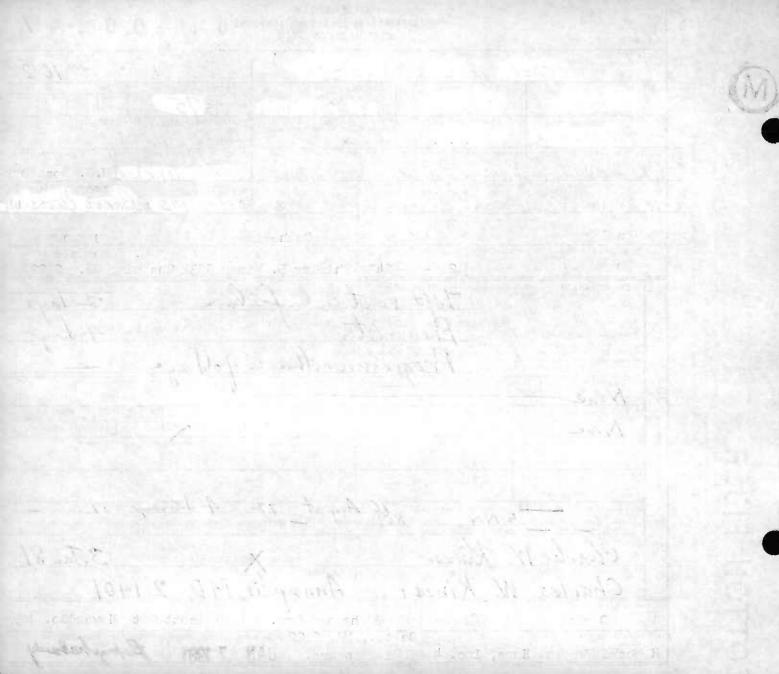
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24 FUNERAL DIRECTOR

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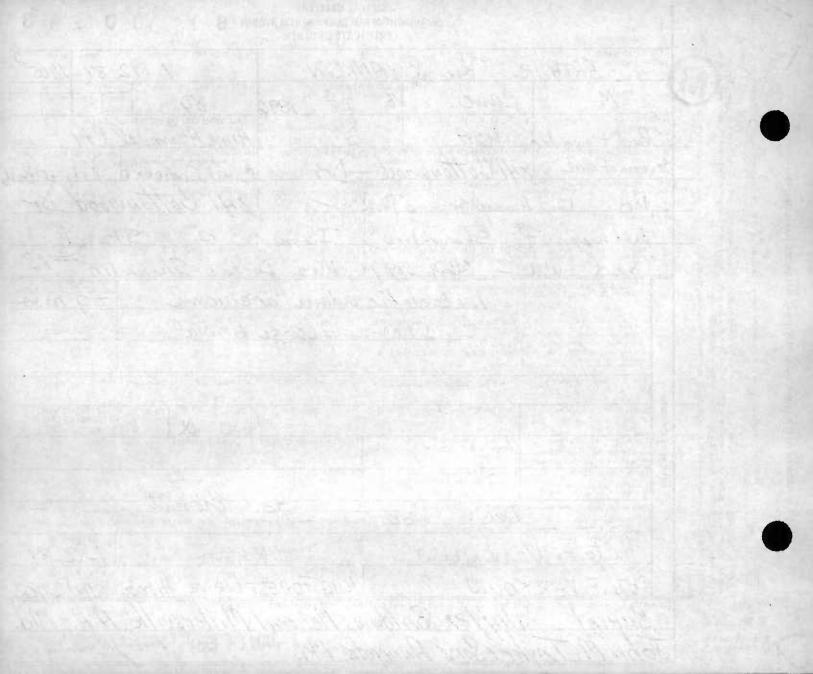
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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BP		23a. B	CREMATION, REMOVAL	1/14/81	BA MUSIC	LE PROPIE	13 ACATION OF A	ville:	A. A.	md.
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DHMH - 16 50M 7/77 (VR A 15 (4))



10	1 - STATE REGISTI	RAR	DEPARI	CERTIFICATE	OF DEATH	REG. N	o U	2	4 9
E seeth	DECEASED N (TYPE OR PRINT)	George	Maurice	Ship.	ley	2a DATE OF DEATH	MONTH DAY	981 21	2:00 %
or rector. o	SEX Ma,	le	4. RACE White	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	BO YRS MONTH		OURS MIN.
S on and	BIRTHPLACE	d.	76 CITIZEN OF WHAT COUNTRYS	MARRIED N	DIVORCED	Anne Anur		EATH	MD.
O de de the	Pasade		11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY GIVE STREE 7905 Shipley D	T ADDRESS)	ER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Maintanano	E WORKING LIES IN	b KIND OF B BUSTRY Baker	BUSINESS OR
SE mide	ISUAL RESIDE	Hone,	A rundel Pasadon	7. 13d. IN YES		13e STREET ADDRESS	ley Drive	2 211.	22
020	- 0	ohn F	ranklin Ship	ley	other's maiden na	Virgi	nia	Cla	nk
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emove corbon py motion, or remove r troumotic event,	Candition gave in	I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	e della	lerobie	Cardio Cardio	vanul	APPROXIMA BETWEEN ONS	
r to burial, cre	PART 2.	ing cause last	DUE TO, OR AS A CONSEOU	an	ELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN		nek
iene prio	190. DATE	OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	
	0.000.00	DENT WAS UNDERLYING [RIBUTING [] CAUSE OF DEA NOTIFY MEDICAL EXAMINER)		21c. H	OW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 1B, PART 1 C	PR PART 2)	
th ond Morked or	(IF EITHER 21d. INJU WHILE AT WORK	RY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	OCATION STREET	CITY OR TO	NN CC	OUNTY	STATE
CTOR: A d for use r. of Heal n 21 is ma	sow	the deceased alive on ve, (I) (we) (did) (did no	tal) attended the deceased from. 12/13 19 11 view the body after death.			death occurred an the d		from the co	
RAL DIRE detoched tote Dept	P	M. Me Fa	ughlin , 15.		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	1/13/	181
should be det with the Stote	22d. PHY:	FIM MEL	Lung blis	37.	108 Moun	him Rel.	Pusas	luce.	mul.
- ₩ 3 ≤ 2	30 BURIAL, CI	REMATION, REMOVAL	1 1 -	NAME OF CEMETER	1.0	23d LOCATION CITY OR TOWN	nie Ann	ie Anu	STATE and of Md
5 60M 1/75 15 (4))	4 FUNERAL D	IRECTOR Lly F. H. M	ADDRESS	Pasadena, Veck Rds.	Md. 250. DAT	REC'D, BY REGISTRAR	250	Medi	- My

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George J. Gonce 4001 Ritchie Hgwy. Balto 21229

(VRA 15, 4) 1/79

JANUARY 7, 1981 5:05A	Harrist Charles College (\$15.4)
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	Yes 200 1 1 1 1 2 400 407

Item 8 G 552 2/2//81 GB

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DHMH - 16 50M 7/77 (VR A 15 (4))

REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) OUSZWIFZ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) four opinion death occurred on the date and hour and from the causes stated 27L DATESIGNED PHYSICIAN DIRECTOR PHYSICIAN BY REGISTRAR 256. REGISTRAR'S, SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

81

MONTHS

IF UNDER I YEAR

DAYS

IF UNDER 24 HRS

HOURS

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George J. Gonce 4001 Ritchie Hgwy Balto 21225

FOR

REGISTRAR

- STATE

DHMH - 16 60M 1/75 (VR A 15 (4)) STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 42

REG NO

water to the sound of the second of the seco ed and the same of contribution of the same of more than a contract the same and the same of the same The attended to the breakfact about 1 to be senot as a week DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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AN 2 6 1981 Representation	gin.20,1981 Glon Haven Loc. Cley, Glon Barnto, Kr	refei John III

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN L DECEASED NAME 2a. DATE MONTH 7b. HOUR (TYPE OF PRINT) ESTI 81 DEATH MATED 1-15 ROBERT SOMERVILLE 1024045 4 RACE LAST BIRTHDAY) AGE (IN YEARS YEAR 3 SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 53 YEAR 24 PRONOUNCED 1081 a M DEAD black male 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Anne Arundel County MARYLAND U.S.A. WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FUN WITH FORM PM 3. RETAIN PAGE 5 F T. PAGES 1 AND 2 SHOULD BE FILED W DIVISION OF WITAL RECORDS, 201 W 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 10. CITY OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE! ARNOLD Old County Roadhear Hillcrest Lane USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND SEVERNA PARK YES 903 Balto, Annapolis Blvd. NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MICCIE LAST MIDDLE LAST ROBERT SOMERVILLE JANE JOHNSON 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Severna Park Bal to. NO JANE SOMERVILLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) E CHIEF MEDICAL EXAMINER ALONG WI BE USED AS A BURIAL - TRANSIT PERMIT, NT OF HEAITH AND MENTAL HYGIENE, DI BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY MMAEDIATE CAUSE (0) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 20 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH N OR UNDERLYING subject shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY 214. INJURY OCCURRED (AT HOME. "Armold, Maryland STATE road side Old County Road NOT WHILE AT WORK AT WORK X 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Homicide XX death resulted from Undetermined manner TITLE (SPECIFY) **ACTUAL** 1-15-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Hormez R. Guard, M.D. TYPE OR PRINT 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 1-21-1981 CARPENTER HILL CEMETERY Round Bay BP Maryland 250. DATE REC'D. BY REGISTRAR STRAR'S SIGNATURE 24. FUNERAL DIRECTOR MORTUARY, P.A. Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

MANUAL MA the land of the second of the September 1997 And September 199 THE REPORT OF THE PROPERTY OF THE PARTY OF T

1. DECEASED (TYPE OR PRINT)			DICAL EXAMINER'S	LAST Staeps	2a. DATE KNOWN OF ESTI-		AY YEAR	2ъ. НО
		craine		Staore	DEATH MATED		1981	
3. SEX femal	.e White	5. DATE OF BIRTH MONTH DAY March 1,	YEAR LAST BIRTHDAY) MON 1921 59 YRS.		HRS. 2c. DATE PRONOUNCED DEAD	1 2	19 81	2d. PM 6:0
70 BIRTHPLACE FOREIGN COU	E (STATE OR NTRY) Ornia	76. CITIZEN OF WH	MARI	RIED NEVER MARRIED			OF DEATH	
10. CITY OR TO	olis	11. NAME OF HOSI (JE NOT IN SUCH FAC 306 Che	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) Ster Avenue		20. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 12h	KIND OF BUSI OR INDUSTRY	INESS Y
13a. STATE	NCE (IF IN NURSING HOM	E OR OTHER INSTITUTION, GIV	PERESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Annapolis	13d. INSIDE CITY LIMITS?	306 Chester	Ave.		
14 FATHER'S I	las	MIDDLE	Lambert	15. MOTHER'S MAIDEN FIRST Irma	NAME MIDDLE Bertha		LAST Me ver	
16a. WAS DEC (YES, NO. OR I Unk		RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY NO. 551-22-5552	17. INFORMANT (At	torney) ADDRESS osmerl P.O. Bo	Annap	olis, l	Md.
	ditians, if any, which		AS A CONSEQUENCE OF	CONTROL EN	Gun: Handgur			
lyin	e rise to immedia se (a) stating the <u>unde</u> g cause last.	te (b)	AS A CONSEQUENCE OF	SSE OR CONDITION GIVEN IN PART 1	(a).			
PART 2 01	e rise to immedia se (a) stating the <u>unde</u> g cause last.	DUE TO, OR A (c) (c) MS CONTRIBUTING TO DEATH B			(a).	2	0. AUTOPSY	HO)

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FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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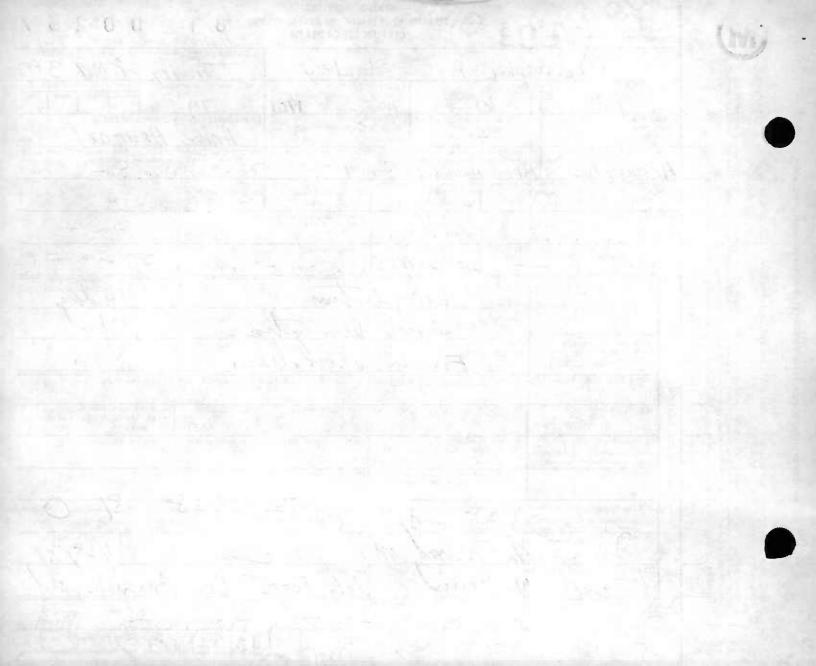
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	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEAT	H MONTH DAY YEAR 26. HOUR
	Christ	Topher A	Stanle	y Jai	nuary 28 1988 3 81
3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HR
	m	(h)	march 30	1901 7	9 YRS MONTHS DAYS HOURS MIN
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	- P BALTIMORE CI	Y OR COUNTY OF DEATH
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10 C	TY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTIT	UTION 120 USUAL OCCU	PATION THE KIND OF BUSINESS O
4	nnapalie	Anne Arund	I Line HAS	POH. CIT	OST OF WORKING LIFE) PUSTRY
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		
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14. F	ATHER'S NAME		15. MOTHER'S A	77.00	Hears CI:
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	Conditions, if ony, which	(b)	var sem	enso	190.
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	EQUENCE OF	a li	Vw.
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z	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(0)
FICATION	19a DATE OF OPERATION	Tin constitution for w	LUCH OREBATION WAS REPEOR	MED 200 AUTOPSY?	200. IF YES, WERE FINDINGS USED
5	DATE OF OPERATION	198 CONDITION FOR WI	HICH OPERATION WAS PERFOR		IN CERTIFYING CAUSES OF DEATH?
CERTI	A ACCORDING TO THE PARTY OF THE	2 Interest of hilling	121. 40.44 8.10	YES NO	
1000	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			JRY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18, PART 1 OR PART 2]
Ş	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
MEDICAL	214 INJURY OCCURRED	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET		R TOWN COUNTY STATE
1	AT WORK MOT WHAT			-/ //2	
	27s I certify that (I) (this hospi	- 1/7 8		19 6 10	19 tho (I) (ye) l
	saw the deceased always and above (1) (we) (did (did no	ew the body offer death.	19 , and that i (my) (c	our) opinion death occurred on t	he date and hour and from the causes stated
	776 SIGNATURE	MOI	DEGREE	14	221. DATE SIGNED
	much	11- Truer		TENDING MEDICAL	STAFF YSICIAN /26/8/
	224 BRYSICIAN'S NOME STIPE O	Henry .	22e ADDRESS	5 T 1	4
	(Doseph	No Tricia	/ 1/6/6	Fores/ Dr.	Annosolis. W.d.
7la	BURIAL CREMATION REMOVAL	-	231 NAME OF CEMETERY OR CR	EMATORY 234 LOCATION	
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DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

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	1.	STATE REGISTRAR			DEFARIT		ICATE OF DEATH	REG.	NO U	1 6) 0
m r		CEASED NAME	FIRST	,	MIDDLE	1 13	AST	2a. DATE OF DEATH		YEAR 2b	HOUR
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	.3. SE	X	/	4. RACE		5. DATE (OF BIRTH "	6. AGE (IN YEARS LAST	BIRTHDAY) IF UT		UNDER 24 HRS.
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53	14.	napolis		1	the facility, give street		1 1600.1.1	TYPE OF WORK FOR MOS	T OF WORKING LIFE)	INDUSTRY	
be	USU	AL RESIDENCE (IF NURS	ING HOME O		GIVE RESIDENCE BEFORE	ADMISSION)		la cress acces			
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miner	14 FA	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
0121		GEOR			COOK		FIRST CARRI	E	F	LEETWO	
medical)		VAS DECEASED EVER VES NO OR UNKNOWN) NO		RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	ADD		polis,	
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ache Dep		TA ALA	T	0		14	DEGREE ATTENDING	MEDICAL _ ST	TAFF	22c. DATE SIG	CI
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should be det with the State IMPORTANT:		250	LW-P	100	NACON		1521 Rit	A - 2	Av	10 h	10
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17 17	1	BURTAL		1-19-1			BROADNECK CEM	E St. Ma	rgarets_		aryland
OM 1/76	24 FU	UNERAL DIRECTOR			Annono	7 3 -		E REC'D. BY REGISTRA		'S S SNA DRE	
(4))	WI	LLIAM REE	SE &	SONS MOR	RTUARY, P	.A.	UAII	1 0 1301	1	77 400 500	1

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1					STATE OF MARYLAND		
6		1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8	00259
9			CEASED NAME FIRST OR PRINT) James	ES FRED	STEHLE	2a. DATE OF DEATH	1-10-81 230A M
A apple	Folks and A	3 SE	Yare	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 4	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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, MARYI	completel l and 2	E	THER'S NAME PERICK	MIQUE STEH	15. MOTHER'S MAIDEN N FIRST 10 44	WILL	LIAMS LAST
BALTIMORE	2	160 V	VAS DECEASED EVER IN U.S. AF	/E WAR OR DATES)	0889 Louise	M. STEHL	
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AL RECORDS	n. nos been permit. T ne prior ws any in	CERTIFICATION	19a date of operation	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPŠÝ?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VIIV	this certifica the burial-tron and Mentol Hysel can be desired.	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LE EITHER, NOTIFY MEDICAL EXAMINER 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		DAY YEAR 19 21F LOCATION	JRRED (ENTER NATURE OF INJUR CITY OR TOW	
DIV DIV STENDING	RECTOR: A hed for use apt. of Hea tem 21 is m		22a. I certify that (I) (this hosp saw the deceased alive ar	oltal) attended the deceased from 8 (00) view the body after death.	DEGREE		te and hour and from the causes stated 22c. D/TE SIGNED
OHOSPITAL OF	4 0 -		22d. PHYSICIAN'S NAME (TYPE OF STANLE)	ORPRINT WATIS 10	22e ADDRISS WS PHYSICIAN	MEDICAL STAF), //U/8/
Ę	BP	1	SURIAL, CREMATION, REMOVAL	1 4 0 . /	EDAR BHUFF	Cen. HNWA	POCE J MINTE.
	H - 16 50M 1/76	24 F	UNERAL DIRECTOR	Can Pappress	11 15 11	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

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3	1	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	00250
	(TY	ECEASED NAME FIRST	Henry STEPNEY	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 13 5 1
al los	3. S	MALE	S. DATE OF BIRTH MONTH JAY JEAR		MONTHS DAYS HOURS MIN
d within 72 h		BIRTHPLACE (STATE OR FOREIGN 7)	MARRIED NEVER MARRIED MONORCED	HUNE AR	DECOUNTY OF DEATH UNDEL ON 1 126, KIND OF BUSINESS O
o Outfie	U	Mapolis	NUE HRUN DEL GENERAL HOSPI	LITYPE OF WORK FOR MOST	ON 126, KIND OF BUSINESS OF WORKING LIE INDUSTRY
2 should be		STATE 136 COUNT	A INCITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO STATEMENT NOTHER'S MAIDEN N	16126	HOWNSPILLE RO
ond 2	1	BEN AMIN MI	Stephen MARY C	A Theres	
movol.	160	WAS DECEMBED EVER IN U.S. ARM (YES, 40 OR UNKNOWN) (IF YES, GIVE V	ED FORCES 166. SOCIAL SECURITY NO. 17. INFORMANI WAR OR DATES 20-07-1644 MAMIE	M. CArroL	L-/6/2 SMCASI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
They please remove carbo to buriol, cremotion, ar re injury, ar other troumotic e	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
riol-transi ental Hyg Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART OR PART 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	COUNTY STATE
for us of He 21 is	-	220.1 certify that (1) (this hospito saw the deceased alive on obove, (1) (we) (did) (did not)	view the body offer death. , and that in (my) (our) opinion	on death accurred on the de	that (1) (we) load to make and hour and from the couses stated
detached for untate Dept. of He		22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
should be deta with the State I IMPORTANT: If		THE PHYSICIAN'S NAME THE COM	120 ADDRESS	Calher	dred if
v 3 ≤		BURIAL, CREMATION, REMOVAL	Feb. 2-81 WILSONS	23d.4.OCATION CITY OR TOWN	rills AA Me
DM 2/80	24	EUNERAL DIRECTOR		ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

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		FOR - STATE REGISTRAR		DEPARTMENT OF CERTIF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	0 2 6 1
if	1. DE (TYPI	CEASED NAME FIRST	005e		itta	20. DATE OF DEATH MONTH	SI 3 M
		maleF	1. RACE Cauldasi	MONT		6 AGE (IN YEARS LAST BIRTHDAY) 45 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
935 of Sign	W	IRTHPLACE (STATE OR FOREIGN COUNTRY) Sest Va.		MARRIE WIDOW		Anne Arundel	
Polified	A	1717#POSS	Anne An	ury, give street address)	eral Hosp.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
35	13a. S	AL RESIDENCE (IF NURSING HOME O STATE INNAPOLIS A.A	NTY 13g (esidence before admission) CITY OR TOWN CITY	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	
aumine 21		ather's NAME larion	W. M:	iller	15. MOTHER'S MAIDEN NA Sarah	ME MIDDLE	Carnes
medical		NAS DECEASED EVER IN U.S. AF	C WAR OR OLIVES	33567747	Edward Sti	tte Annapolis	Md.
injury, ar other troumatic event, the medical		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS, (b) DUE TO, OR AS, (c)	A CONSEQUENCE OF	afic hee	ut 11500m	years
shaws any injury,	CERTIFICATION	19a. DATE OF OPERATION	STHM			IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? FIES \(\text{VO} \)
I tem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
norked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC	SHELL	CITY OR TOWN	COUNTY STATE
PORTANT: If Item 21 is morked or Item 18		220. I certify that (I) (this hosp sow the deceased of above 11 years) did i did not 121. SIGNATURE	Mysey the body after	1080/	DEGREE ATTENDING	death occurred on the date and ha	pur and from the couses stated
ON		Dr. Weintrau	ib. MD		140 Forhe	s Street Anna	nolia Ma

Street Ann

123d LOCATION
CITY OR TOWN
Morgantown Annapolis 23a. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY county onongaliaW. Va 15/81 sgah Cemetery BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR NAME Fairmont ADDRESS 770 5 1981

Williams Home for Funerals Morgan

Forbes

DHMH-16 30M 2/80 (VRA 15, 4)

AL - 1 (18) A Smith Herein Late to the in which I was to the atticited of high with the the second second

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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THE PARTY OF THE P with the test and addition to the contract of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN 50 (TYPE OR PRINT) ESTI-DEATH MATED 2. AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS
IL RECORDS, 201 W. PREST IN STREET, LLOYD 19 81 TOHN TARMAN 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR 0:25 PRONOUNCED DEAD Aug. 6, 1941 39 male white 19 81 D M TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Washington D.C. MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED Anne Arundel County IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Annapolis Anne Arundel Gen. Hosp. (DOA) Laborer Construction USUAL RESIDENCE (IF THE COUNTY 3a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 12666 Heming Lane Prince Geo. Bowie Maryland YES T 18. GIVE PAGES 1, 2, A WITH FORM PM 3. I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Martin Small wood Gladys John Mae 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES. NO. OR UNKNOWN) No Marianne Ballew 578 56 7412 Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, DIRIC, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Fracture dislocation of atlanto-occipital joint DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YESX NO [] GE 4 SHOUD BE FORWARDED TO THE WORLD FEEL SHOUD BE FORWARDED TO THE CHINNERAL DIRECTOR: PAGE 3 SHOULD BE ITR DEATH WITH THE STATE DEPARTMENT OF THE OBJECT O 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Driver in van/auto collision. 9:07P.M. 1-17-19 80 21e PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN Lothian Rt. Anne Arundel Md. road 22a. I certify that I taok charge of the remains described above, held on Autapsy Inspection and in my opinion Accident X death resul Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 1-18-81 AFTER DEATH BALTIMORE EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. EXEC PAGE TO FL (TYPE OR PRINT) 23d. LOCATION 23 a. BURIAL, CREMATION, REMOVAL 23b. DATE Buria 1 1/22/81 Ft. Lincoln Cemetery Brentwood Md. OP.G. BP REGISTRAT 255 REGISTRAT SOICHATURE 'Francis Casch's Sons Funeral Home, P.A. Hyattsville, Maryland **DHMH-17** (VR A15 ME (5) 15M 2/80

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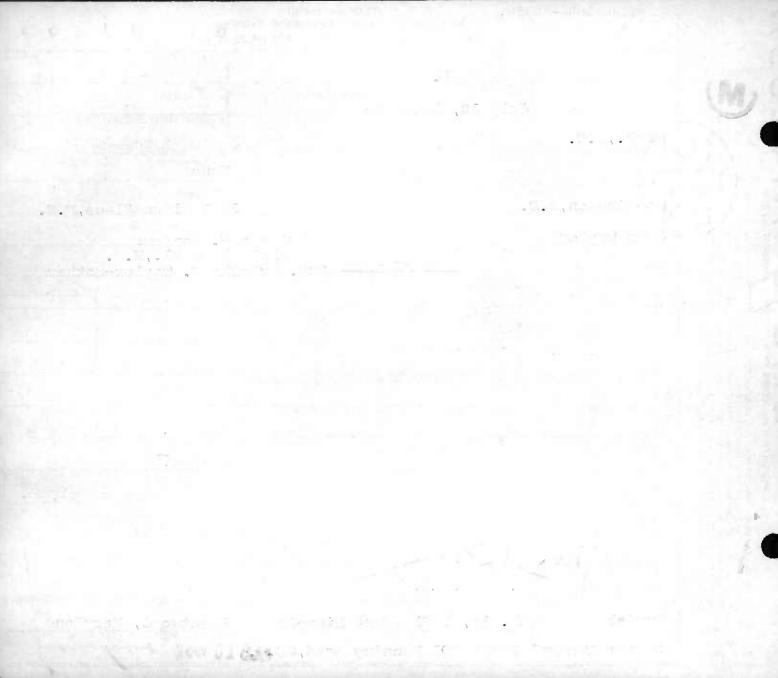
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 11:30 Hattie Taulor 1/7/81 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 95 85 Female Negro 74 To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel County Maryland U.S.A. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ETYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Annapolis Retired Housewife 1420 Tuler Avenue BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Annapolis Maruland Anne Arundel YES X 1420 Tuler Avenue 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME C MIDDLE FIRST MIDDLE LAST 0 Weems Georgianna Louis Weems ADDRESS medical 60. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT Pages P (YES, NO OR UNKNOWN) HE VES GIVE WAR OR DATES 219-30-6400 Aristine Jacobs 1420 Tyler Avenue No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: General Debility 3 years DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Malnutrition & Old age years Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION Total blindness secondary to glaucoma. 0 Auc 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows urial-transit per per NOX YES [NO [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) marked or Item 18 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ond M 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from some the deceased alive on October 15, 19 present 80arch 19 68 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated id) (did not) view the body ofter death 75 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MPORTANT: IF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 1/9/87 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 113 Cathedral Street Annapolis, Md. 21401 Richard Eugene Cook, M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE BURIAL -10 - 1981BREWER HILL CEMETERY Annapolis A.A. Maryland 250 DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Annapolis. Md. DHMH-16 60M 1/73 REESE & SONS MORTUARY. P.A. (VR A 15 (4))

Item 16b - G554, - STATE 4/ DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED MICHAEL V. TAYLOR 1981 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 1:30 2c. DATE DAY LAST BIRTHDAY) PRONOUNCED DEAD negro July 10, 1946 1946 male 1981 D M To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash., D.C. USA WIDOWED DIVORCED Anne Arundel County 8. GIVE PAGES 1, 2, AND 3 TO THE IN WITH FORM PM 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 W ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY None off of Watkins Farm USUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington, D.C YES [NO [3357 Alden Place N.E. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John Taylor Arletha H. Sanders 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 3357 Alden Pipes N.E. 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 5774-64-1470 no Arletha H. Taylor-mother TO MEDICAL EXAMINER: 1173 CERTIFICATE, WRITING THE WORD "PENDING", IN PENCIL IN TIEM, 150-PERCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TIEM, 150-PERCUTE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALDONG WITOUT BE TOOK TO THE CHEALTH AND MENTAL HYGIENE, DIATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIATER WARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot & puncture wounds (unspecified weapon, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES SE NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 1- 25-1981 Subject shot and stabbed. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION CITY OR TOWN AT WORK NOT WHILE found off of Watkins Farm Anne Arundel Md. AT WORK X 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide X Natural causes Suicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 1-26-81 EXAMINER'S NAM 111 Penn St. Ann M. Dixon, M.D. TYPE OR PRINT ADDRESS 23a, BURIAL, CREMATION PE MAME OF CEMETERY OR CREMATOR 23d. LOCATION Burial Feb/ Fort Lincoln Brentwood, Maryland BP 24. FUNERAL DIRECTO 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Home-4001 Benning Road, NE Euneral (VR A15 ME (5)) 15M 2/80



8	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	(GIENE 8)	0 0 2	6 6
be object of the		CEASED NAME FIRST John	NMJ		Thomas, Jr.	January	22, 1981	2b. HOUR
ge 4 may	3 SE	x Male	1 RACE Caucasian		TE OF BIRTH ONTH 7, DAY 900 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
neral di	70. BI	RTHPLACE (STATE OR FOREIGN DUNITRY)	76 CITIZEN OF WHAT	4 MA	RRIED ENEVER MARRIED DIVORCED	Anna An	or county of DEATH undel County	MD.
ofter d		IY OR TOWN OF DEATH		TAL, NURSING HO ITY, GIVE STREET, ADDRESS TCHARA AV	ME OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) 126 KIND	of Business OR Refinery.
hin 24 hour hin 24 hour hin 24 hour hour his filled in his should be filled in his should be filled in his hould be filled in his hour his	130 5	AL RESIDENCE (IF NURSING HOME OR STATE 134 COUNTY AND	TY/ 1 130/5	SIDENCE BEFORE ADMISS	13d INSIDE CITY LIMITS?	12 STREET ADDRESS	Avenue	7
BALTIMORE, MARYLAND 2120' cate be executed within 24 hours uysicion and completely filled in by apers. Pages 1 and 2 should be fill sval. try the medical examiner must be and try, the medical examiner must be and	14 FA	THER'S NAME John	VPAD	Thomas, Sr	15. MOTHER'S MAIDEN N		Unik	Rnown
IMORE, in and ca	16a. V	VAS DECEASED EVER IN U.S. ARI	MAD OR DAYES	OCIAL SECURITY N 3-05-3924	Mrs. Doroth	y M. Colliso	n 113 S. One	190 Chard Ave.
W. PRESTON ST., at the death certifi by the attending ph se remove carbonp cremation, or rem inher traumatic even		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) 1339 Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	D BY: E CAUSE (a) DUE TO, OR AS A	CONSEQUENCE (nuforeth	den la	n The scince	XMATE INTERVAL L'ONSET AND DEATH
G 9 5 5 2 2	MION	PART 2. OTHER SIGNIFICANT C			BUT NOT RELATED TO THE TER	ZOO AUTOPSY?	DITION GIVEN IN PART 1	
TAL RECO	RTIFICATI					YES NO	IN CERTIFYING CAUSE YES []	
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requir attenting physician. ter this certificate has been sign st the burial-transit permit. Then th and Mental Hygiene prior to b arked ar them 18 shaws any injury	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1400110 4 14 1	MONTH DAY Y	AR	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
DIVISION DING PHY: ar attendii After this e as the bu marked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN. (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
L OR ATTEN he haspital . DIRECTOR: sached farus e Dept. of He		278.1 certify that (I) (this hospii saw the deceased alive an abave, (I) (we) (did) (did no 27b. SIGNATURE		19	, and that in (my) (aur) apinio	1	ote and hour and fram the	, that (I) (we) last e causes stated
TO HOSPITAL retained by th TO FUNERAL should be dett with the State		22d. PHYSICIAN'S NAME (TYPE OF	A A DI		17 CACA	ESMEL	OF 2,	1559
₩ Z T # Z Z	23a. E	BURIAL, CREMATION, REMOVAL BURIAL	23h DAJE /81	234 NAME Cedan	0	Baltimore	Anne Arunde	
DHMH-16 60M 1/73 (VR A 15 (4))	24 FI 23	7 E. Patapsco A	Ly Funera venue Ba		Brooklyn 250.0. DA	N 2 7 1981	25b. RECISTRAR'S SIONA	THE THE

STATE OF MARYLAND

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

2b. HOUR

NO F

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR

REGISTRAR

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STATE OF MARYLAND

FOR

Lour d. Valeo, Sr. Lour J., 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 141 | 14

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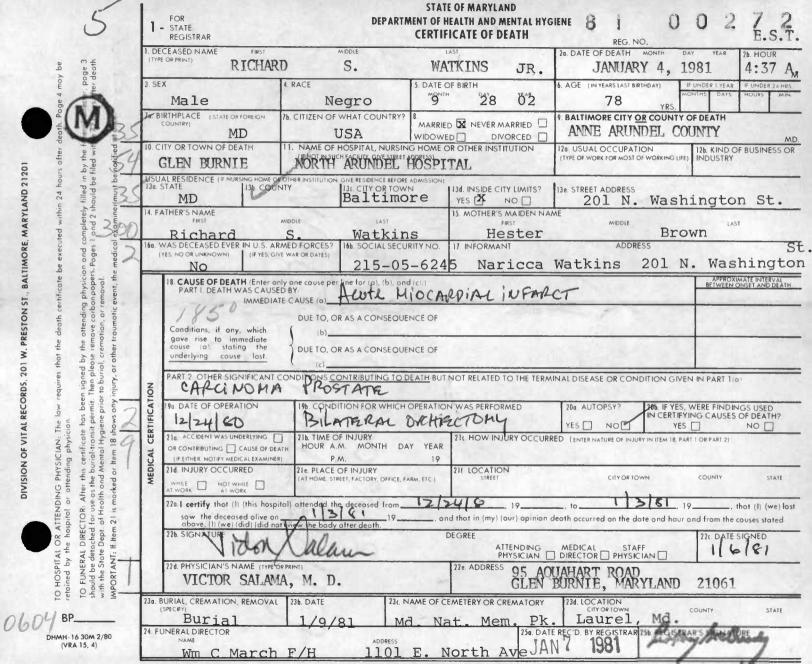
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STATE OF MARYLAND

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	1				STATE OF MARYLAND		
		1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	0 2 7 1
			EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3/44			EMMA	GLENDOE	17. 11 - 02		781
	3	. SEX	F	WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
Period for 72 hau	1		THPLACE (STATE OR FOREIGN UNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRITIMORE CITY OR COUNTY	YOFDEATH MEL ME
s offi		1	VNADOLÍS	11. NAME OF HOSPITAL, NURSIN	ADDRESS) ADDRESS) AUE.	20. USUAL OCCUPATION JE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
filled in fould be f	-	JSUA I3a. S	RESIDENCE (IF NURSING HOME OF 13b COU	MY) I I I DITY OR TOW	ADMISSION) 13d. INSIDE CITY LIMITS? YES \(\text{VES} \) NO \(\text{X} \)	130. STREET ADDRESS	LEW AVE.
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hot the diby the otose removing, cremotion other tro	4		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF		
equires the signed Then plectory, or injury, or		NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition G	IVEN IN PART 1(0)
he low re on. hos beer i permit. ene prior	2	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{\text{\text{C}}}
HYSICIAN: The ding physicion is certificate his buriol-tronsit p. Mentol Hygien or them 18 show	-462		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	AIM	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
G PHYSI offending er this ce s the buri ond Mei		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN sitol or of TOR: Aft or use as of Health			22a. I certify that (I) (this hasp	tot) view the body offer death.	5, and that in (my) (our) opinio	n death occurred on the date and ha	, 19 , that (I) (we) lost our and from the couses stated
Y the hosp y the hosp RAL DIREC detoched to tate Dept. o			22b. SIGNATURE	La Bonda	DEGREE DATTENDING PHYSICIAN	MEDICAL STAFF	116 DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be determined with the State	1		22. PHYSICIAN'S NAME (TYPE)	RPINITI BRINGH	old Frost	De AWWAY	ala Mo.
op o		23a B	URIAL, CREMATION, REMOVAL	23b. DATE /2/	NAME OF CEMETERY OR CHEMATORY	SH SCATION //	couper) 1) lepan
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oth certificate be executed within 24 ending physican and completely filler carbonpoper. Pages 1 and 2 should n, or removal.	onle	35	Ma	ryland	I	A.A. Glen Burni					8059 Green Orchard Ro			d Rd.
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	071		Harry		DOLL	Ways	on		Jenny	MIDDEE			NOWN	
	7 7			VAS DECEASED EVER I			166 SOCIAL SECU		17 INFORMA		ife) ADDRES	S S	ame as	# 13
	go.		()	res, no or unknown) NO	(IF YES, GIVE V	VAR OR DATES)	215-05-	91.06	Ma		izabeth Wa			
	1		18 CAUSE OF DEATH		**			111		LZQDC CIT WC	Jour	APPROXIA	MATE INTERVAL	
	,		PART I. DEATH WA	AS CAUSED	BY:	Conon		THRON	2000			1	E-DIATE	
	2		11110	MMEDIATE	CAUSE (0)	Congru	77107	11114001	RVICE			1 mm	-017/10	
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de de	motio	other trour		Conditions, if any, gove rise to imm		(b)_	CORDNI	RY /	104-CKP)	CLEROSI,	>			pero
by the				couse (a), stating underlying couse		DUE TO, C	R AS A CONSEQU	ENCE OF						
es #	n plec	5	CERTIFICATION	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COND	ITION GIVE	N IN PART 1(a	1
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v re	prior			ATK	19g. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	1 -1 -0	20a AUTOPSY?		WERE FINDIN
n. n.			SE	_							YES NO NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
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Phy trice	ol Hy	4		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A	M. MONTH D			-	and to			
rySIC Ing	Mentol-1		MEDICAL	(IF EITHER, NOTIFY MEDICA			OF INJURY	19	21C LOCATION	ON				
G PHY attend	and W		ME	WHILE NOT WHI		(AT HOME, ST	REET, FACTORY, OFFICE, I	ARM, ETC.)	STREET		CITY OR TOW	7	COUNTY	STATE
A P	seo			22a: L certify that (1) (this hospite	H) ottended th	ne deceosed from_		1-22	19 534		3_1	9 81,1	hot (I) (we) lost
TOR TOR	of H	5		sow the deceased	d olive on_	1	- 10 19_	81, or	nd that in (my)	(aus) opinion o	leath occurred on the do	te and hour	and from the c	ouses stated
A A I HOSE	ped	b		22b. SIGNATURE	(did nor)	A view the body	offer deoffi.		DEGREE		/		22c. DATE S	SIGNED
l b				L.	-11	/	lus	>		ATTENDING PHYSICIAN	MEDICAL STAF		1-7	13-81
by ERA	Stat			22d. PHYSICIAN'S NA	ME (TYPEOR)	PRINT	1	-	122e ADDRES		DIRECTOR PHI SIC	AI4 []	1	01
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TO F	should be deto		22- 0	BURIAL, CREMATION, F	- / L	23b. DATE	122.1	JAME OF C	EMETERY OR	CDEMATORY	173d LOCATION	WIJG	LAVE, THE	. 4001
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signed by the attending physicion and completely filled in by the funeral director hen please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hours aft

should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, if

1 -	FOR STATE REGISTRAF
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTII	CAIL OF DEATH		REG. NO.			
	ECEASED NAME	FIRST	A	MIDDLE	t.	AST	20. DATE O	FDEATH MO	ONTH DA	Y YEAR	2b. HOUR P
(IA)	PE OR PRINT)	OSE	SOF	PHIE	WH	IPPLE	J	ANUARY	9.	1981	4:15 M
3. SI	EX		I. RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
	FEMALE		CAU		SEPT	EMBER 2. 190	5	75 YRS.			HOURS MIN.
7a. E	BIRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNTY	F DEATH	
01	NEW YO	RK	U	JSA	WIDOWE			ARIINDI	TT.		MD.
10.0	CITY OR TOWN OF DE	ATH 1			G HOME O	ROTHER INSTITUTION	12a USUAL	OCCUPATION	1		OF BUSINESS OR
FO	RT MEADE		KIMBROU	JGH ARMY	COMMU	NITY HOSPITAL	L HOU	SEWIFE	ORKING LIFE)	INDUSTRY	
13a.	UAL RESIDENCE (IF NUR. STATE IARYLAND	13P COAN.		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET 2410	ADDRESS SUNSHIN	NE WAY	Y	
14 F	FATHER'S NAME FIRST	~	NDDLE	WEYER		15. MOTHER'S MAIDEN N.	AME	WIDDIE		LAS	ST Ta
	WAS DECEASED EVER (YES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166. SOCIAL SECU 098-01-9		17 INFORMANT YVONNE M. KI	LEIN/DA	2410 U GRAMI	SUNSI	HINE W	AY 21054
	18 CAUSE OF DEAT	H (Enter only	one cause per	line far (a). (b), and	1 (c).)						MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSED	BY: CAUSE (a)	CARDIAC		ST					HRS
7	Conditions, if ony gove rise to imm couse (a), stating underlying cause	mediate ng the e last.	DUE TO, OF	RAS A CONSEQUE CHRONIC O	OSSIB NCE OF BSTRU	LY SEPTIC CTIVE PULMONA NOT RELATED TO THE TER			ION GIVER	MANY	HRS YEARS
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO				NGS USED S OF DEATH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEAT	HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU					
MEDICAL	AT WORK AT WO	HILE D		EET, FACTORY, OFFICE, FA		21f. LOCATION STREET		CITY OR TOWN	E A	COUNTY	STATE
17	22a I certify that (1) sow the decease abave, (1) (1/2) (22b. SIGNATURE	(this hospitoled alive on did) XIX XX	al) attended the	RY 19 19 19 19 19 19 19 19 19 19 19 19 19	81 an	d that in (my) (XXX) apinion DEGREE ATTENDING	, 10	STAFF	and hour c	22c. DATE	
	ALICE M.			D.		22e ADDRESS WAI	LTER RESHINGTO	ED ARMY	MED		ENTER
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY		ATION		COUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

ATTENDING

TO HOSPITAL OR

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Anatomy Board

24 FUNERAL DIRECTOR

Removal

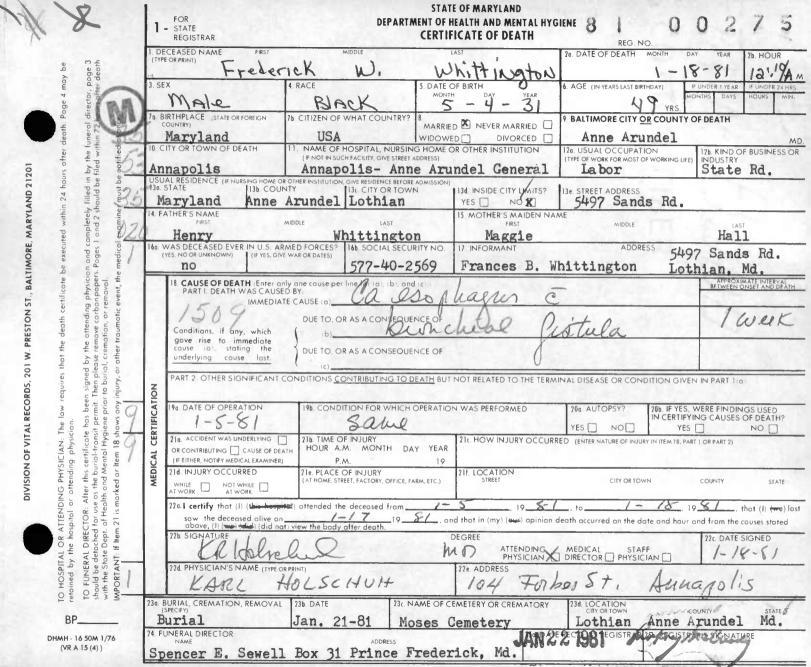
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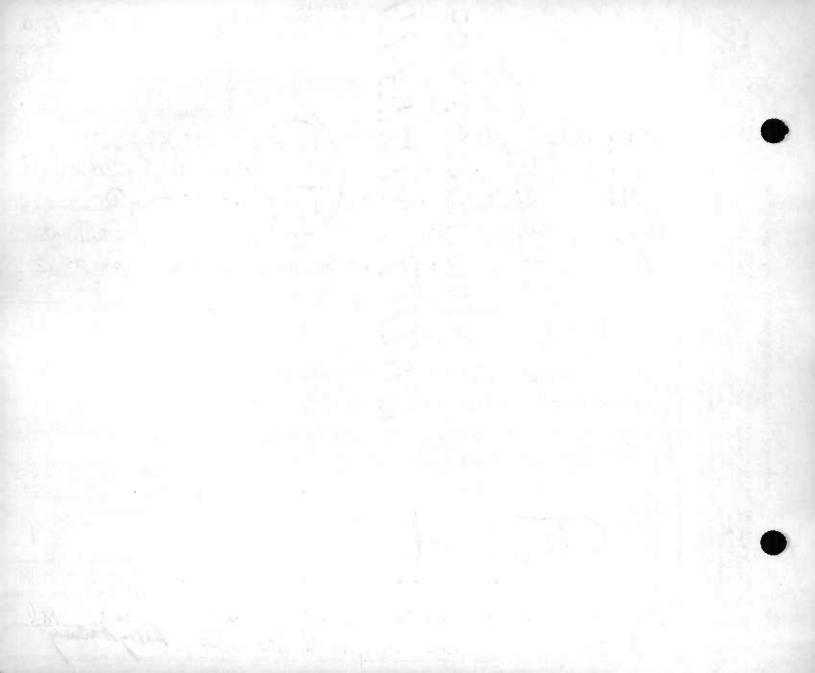
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E BAT	1-:	STATE REGISTRAR		(AMINER'S CERTIFICATE (/3	02/6
SHAII)	I. DEC	EASED NAME FIRST	MIDDLE	LAST	KEG. 140.	ONTH DAY YEAR 25. HOUR
PLEASE ECTOR > FILE HOUD STREET	(TYPI	EVELYN	Olivia	WILCZENSKI	OF ESTI-	1 5 19 81
7. 2. AND 3 TO THE FUNERAL DIRECTOR. A.3. RETAIN PAGE 5. FOR YOUR FILES. Z. SHOULD BE FILED. WITHIN 72 HOUR. TAL RECORDS, 201 W, PRESTON STREET	3. SEX	4. RACE	MONTH DAY YEAR	AGE (IN YEARS IF UNDER 1 YR. IF UNDER LAST BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED	DNYH DAY YEAR 24 HOUR
NO.		emale White	3-15-1937	43 YRS.	DEAD]	5 181 5i04
1837 X	7a BII	THPLACE (STATE OR	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARR		
3	10. CI	YOR TOWN OF DEATH	II. NAME OF HOSPITAL NURS	WIDOWED DIVORGING HOME, OR OTHER INSTITUTION	Anne Arunde	
200		pe St. Clair	965 Mt. Holly	ET ADDRESS)	FOR MOST OF WORKING LIFE) HOUSEWITE	WORK 12b. KIND OF BUSINESS OR INDUSTRY
SKD SKD		L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BE	ORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS // //	THOUSENOICE
35		Md.	AACO Cape	St. Clair YES NO Z	1965 Mt. Holy	Dr.
170	14 FA	THER'S NAME	MIDDLE	15. MOTHER'S MAID	EN NAME MIDDLE	OL MAST
AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	AS DECEASED EVER IN U.S. AR	INED EDBCESS IN COCIN	LISECURITY NO. 17. INFORMANT	ADDRESS	Stallings
- 11	{YE	S. NO. OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	34-0564 William	11. 107 Puch	Simo (15 12
		18. CAUSE OF DEATH (Enter a	nly ane cause per line far (a), (b), a	and (c).)	INTE COUNTY	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSE	TE CAUSE (a) Shotgui	n Wound of Chest		BETWEEN ONSET AND DEATH
		9531	DUE TO, OR AS A CONSE	QUENCE OF		
		Canditions, if any, which gave rise to immediate	(b)			
		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		
		PART 2 OTNES SIGNIFICANT CONDITION	(c) CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1 rai	
	NO					
	CAT	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED?		20 AUTOPSY?
	RTIFI					YES XX NO
3	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIBUTING CAUSE OF	116. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	ED LENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
	DICA	21d. INJURY OCCURRED	21e PLACE OF INJURY	5 19 81 self-inflict		Amundal Caustin
J	ME	VACIABLE ALIE TALLIAN	STREET, FACTORY, FARM, ETC.	STREET	ly Drive, Cape St.(Arundel County
1		AT WORK				
			ge of the remains described above	held an Autapsy X. Inspection	Undetermined manner .	ту артпап
	G)	(//	714 Colorin	TITLE (SPECIFY)	Onderermined manner	
\dashv		ACTUAL SIGNATURE	emay mus		ie f	DATE 1/6/81
2		EXAMINER'S NAME Tho	mas D. Smith, M	.D. 111 Pe	enn Street, Baltin	nore, MD 21201
Sellimore, marriago, a	23, 01	(TYPE OR PRINT)		ADDRESS	1236. LOCATION	,
	130.80	remailed, removal	1-6-81 /124	ME OF CEMETERY OR CREMATORY	CHOICH IN	Scorte Man
	24 FL	NERAL DIRECTOR	ADDRESS /	CI CITIES	REC'D. BY REGISTRAR 250 GISTRA	A Particular
)		Harrest +	uneval Home	Annacalis /W JAN	6 1301	

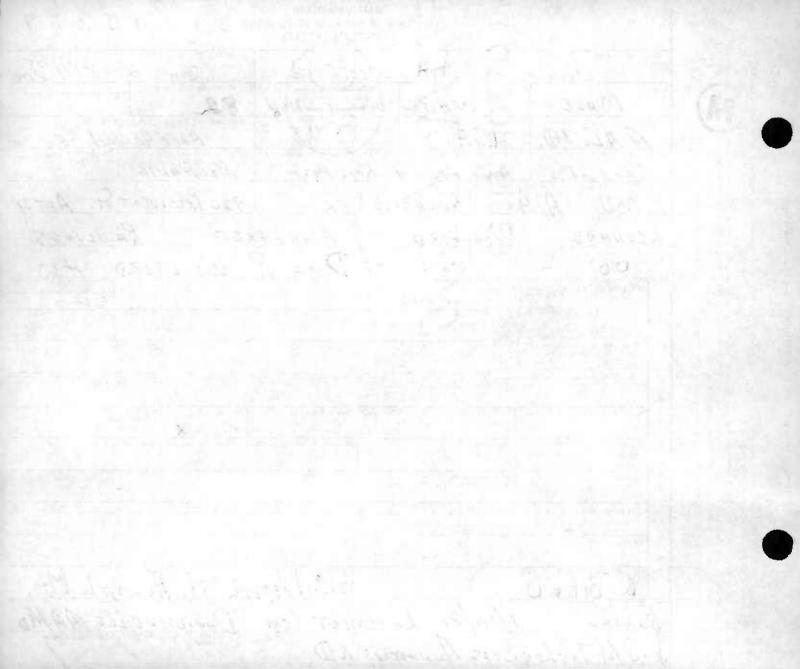


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1	/		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9 7 9
2			STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	ha f Q
	and a		CEASED NAME FRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 2b. HOUR
1	# 8 m 8 m		EVELYN C. WOOD DEATH MATED - 1-1	4 19 81 M
1		3. SE	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d. HOUR
	A L S TO		F w 6 10 02 18 YRS. DEAD 1-1	H 1981 A M
	FOR NITHIN		IRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
	770		Annapolis, Maryland U.S.A. WIDOWED DIVORCED HOVE GROWN TO THE DE WIDOWS TO THE DESCRIPTION TO THE OF WORK TO	L MD.
	AY IS THE FILED, 301 W	10. C	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
	300 mil			Self Emp.
5	ETAIN SUID 8	13a. S	TATE 136. COUNTY 136. CITY OR TOWN 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS	
21201	SHOP		Md. A.A. Co. Annapolis YES NO XX 729 Rosedale	
MD.	FTER DEATH.		FIRST MIDDLE LAST FIRST MIDDLE	LAST
DRE,	O AN O O AN		John W. Wood Celestina L. Arth WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
BALTIMORE, MD.	URS AFTER DEATH. 3. GIVE PAGES 1, 2, WITH FORM PM 3, PAGES 1 AND 2 S DIVISION OF VITAL	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
BALI	URS AFTE S. GIVE P WITH FC PAGES DIVISION	-	No	St Ann. Md.
	O = . F .		PART I DEATH WAS CAUSED BY:	ETWIN ONSET AND DEATH
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REST	L HY OVA		Conditions if any, which	
W. P	MIN	1	gove rise to immediate (b)	
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DS, 3	ULLD BE EXECUTED WITHIN "PENDING". IN PENCIL IN EFF MEDICAL EXAMINER A SED AS A BURIAL-TRANSIT HEALTH AND MENTAL HY CREMATION, OR REMOVAI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL RECORDS,	BE EX NDING AEDIC AS A 1 ALTH A MATIO	NO		
LRE	HIEF A USED USED OF HE A	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
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O.	ATE WEN BURN BURN BURN BURN BURN BURN BURN BUR	CER	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
NO	ART	CAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
IVIS	CER JED JED JEP PRIO	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21d. LOCATION STREET CITY OR TOWN COUN	TY STATE
۵	R. THIS CERTIFICATE SHOUL TE, WRITING THE WORD "P WARABED TO THE CHIEF F. PAGE 3 SHOULD BE USE STATE DEPARTMENT OF H 21201 PRIOR TO BURAL, CR		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	
	ATE, PORVER PRESENTE PORVER PO		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opin	ion
	L EXAMINER E CERTIFICATI OULD BE FOI L DIRECTOR: H, WITH THE MARYLAND, Z		deoth resulted from: Notate Causes , Accident , Suicide , Homicide . Undetermined manner ,	
	CERT CERT UID DIRE WITH		ACTUAL TITLE (SPECIFY)	
	CAL EXAMINER: THE CERTIFICATE, SHOULD BE FORVERAL DIRECTOR: PRAID WITH THE STATE, WITH THE STRE, MARYLAND, 21		SIGNATURE Churchard MS M.D. De po 29 MEDICAL EXAMINER SIGNED	1.14.81
	EDIC AOR AOR		EXAMINER'S NAME	THE PERSON
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH BALTIMORE, MA		(TYPE OR PRINT) L'ALLUMRE OF ADDRESS CAMBINET NES	
		(URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY.	STATE
	BP		remation 1-15-80 Cedar Hill Crematory Washington D.c. UNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 1250. IN SISTRAR 1350.	MATURE
	DHMH - 17 (VR A15 ME (5))		NAME ADDRESS IAN 2 0 1981	Creody
	15M 7/76		T.A. Hardesty Annapolis, Maryland 21401	

CIAIL (IL MANDVIANII)

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					SIAI	E OF MARTLAND	40. 4	756 476	. 2 62 02
	1 -	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0 0	2 8 0 E.S.T.
		EASED NAME FIRST OR PRINT)		AIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		CARLEN		A.		DDS	JANUAR		
3.	. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS MIN.
)		Female	White		-	. 16,1903	77	YRS.	
5	C	THPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O		
20		ryland	U.S.		WIDOWE			NDEL COUN	
54	G	LEN BURNIE	OT IN SUC	NORTH	ARUND	EL HOSPITAL	120. USUAL OCCUPATI	F WORKING LIFE) IND De	KIND OF BUSINESS OR DUSTRY Kann's
1101	3a. S	L RESIDENCE (IF NURSING HO AE O TATE COU	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFO 131. CITY OR TO Washing	TE ADMISSION) WN Ston	13d. INSIDE CITY LIMITS?	1341 Vist	a Street	N.E.
0/1		THER'S NAME	AMIDD) E	TZAL		15. MOTHER'S MAIDEN NA	ME MIDDLE		(ACT
11	Cl	arles	B.	Perry		Catherine	MIDDLE	В	Biret
	óa W	AS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SEC		17 INFORMANT	ADDRE		'arrara Driv
3		ES, NO OR UNKNOWN) (IF YES, GI		578-12-	-3989	James A. Wh	itefield	Odento	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ony injury, or other froumon	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OF		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, WERE	E FINDINGS USED
2	Ĕ						YES NO	YES	CAUSES OF DEATH?
-/		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE		RY IN ITEM 18, PART 1 OR	PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE			21f. LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
	3	220.1 certify that (I) (this hasp	1-24. 5	19		nd that in (my) (our) opinion	deoth occurred on the de		, that (I) (we) lost
		obove, (I) (we I did titlid w	Wa-	after death,	XXXX	DEGREE ATTENDING PHYSICIAN 2 22e ADDRESS 78		IAN J	Jan. 29, 1981
I		MARC A. KA	PLAN,			GL	45 OAKWOOD 1 EN BURNIE, 1		21061
2		URIAL, CREMATION, REMOVAL Burial	23b. DATE 2-2-8]			emetery or crematory .ivet Cemeter	9		D.C.
2 I	4. FU	NERAL DIRECTOR Gasch's Sons	F.H. P	.A. Hya	ttsvil	le, Md. FEE	E REC'D. BY REGISTRAR		SIGNATURE

(M)

Chartes in lery a terry 1581 7:204

Chartes in lery 1682 17:204

ACR SUSSIL 7:204

ACR SUSSIL 7:205

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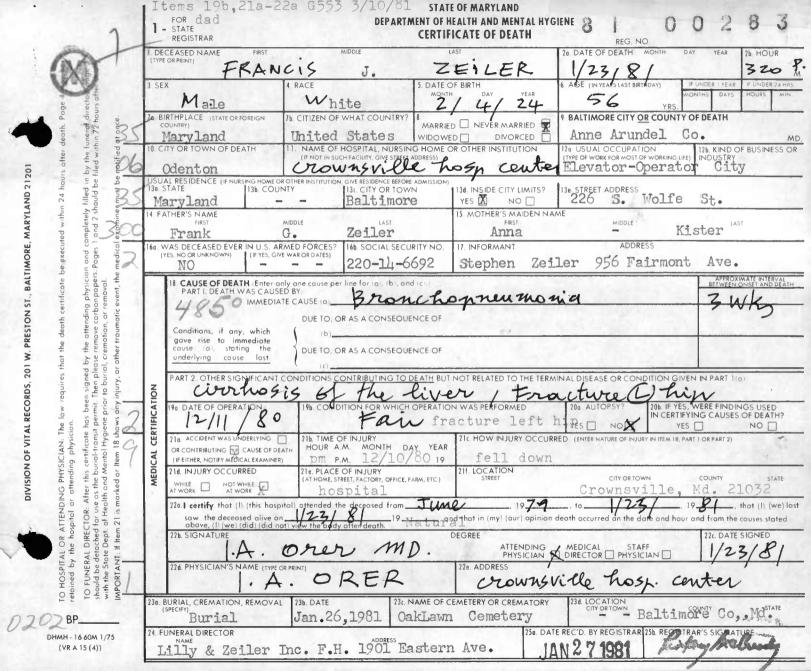
F78-11-4882 James A. mitoffeld Odenton, No.

DVETER CHEROCOPHIC

7845 OAKHOOD ROAD SEETE 200

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- LESSIE CORPORE VOICED - 18 18 18 18 18 E Size E To Coleran Hatter Ete 7 Tringen 255 - 57 - FLO THEIGHT C. EMT - EC PRINGHED MED DIE OSSAL HAR WARREN HAL ARE LENGTH TO BE STORED THE Plus prosperies from the property and



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